



**Handbook**

**for the Approval of**

**Schemes for the Registration of United Kingdom Trained Optometrists**

**July 2008**

DRAFT

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## 1. **Background**

### 1.1 **This Handbook in context**

- 1.1.1 This Handbook is one of a suite of inter-related documents which, taken together, will form an overall guidance for the General Optical Council's (GOC) visits and approval of training institutions and qualifications in optics. The Visits take place under powers given by Sections 12 and 13 of the Opticians Act 1989. Handbooks for the Approval of Training Institutions, Degrees in Optometry, for Approval for Training Institutions for Dispensing Optics and Therapeutics Prescribing have been produced.
- 1.1.2 This Handbook will guide:
- (i) Providers in the design and delivery of their \*Schemes for Registration;
  - (ii) GOC Visitors in their audit of the Schemes;
  - (iii) Officers of Council in their preparation for visits and for the writing and presentation of formal written reports.
- 1.1.3. The Legal Framework for the Approval of Schemes for Registration is given at **Appendix 1**
- 1.1.4 The Handbook is not intended to be overly prescriptive. It seeks to encourage innovation within the context of the GOC's remit of ensuring the safety of the UK public through fair and appropriate regulation. It is not intended that this Handbook be given directly to third parties such as the supervisors of pre-registration trainees. It is intended that the Providers of the Schemes should use the sections of the Handbook as the blocks upon which to build the details of their Scheme. The Handbook formalises what is currently happening so that Providers can understand more clearly what their responsibilities are.
- 1.1.5 The Handbook is written so that it can be used as a guide to visits to existing Schemes and to new Schemes.
- 1.1.6 In the Sections below the GOC has described the requirements that the Scheme Provider should meet and the information to be provided, in order to secure approval or continuing approval of a Scheme.

### 1.2 **GOC Audit**

- 1.2.1 The GOC audits the arrangements for the Scheme according to each section of the handbook.
- 1.2.2 So that the GOC can carry out its audit Visitors will seek from the Provider the information against each section of this handbook.
- 1.2.3 For each item, the Provider is asked to demonstrate how the GOC's requirements are met.
- 1.2.4 The process to be followed by an existing Provider for approval is set out in **Appendix 3**
- 1.2.5 The process to be followed by a new Provider is set out in **Appendix 4**.
- 1.2.6 The format of the audit is given at **Appendix 5a and 5b**

## 2. Scheme Design and Construction

2.1 Any future scheme for registration should comprise of:

- (i) a pre-registration (training) period (PRP) of 12 months duration, together with
- (ii) competency-based assessments during and/or immediately after the completion of the PRP.
- (iii) *learning outcomes* arising from *all* the GOC core competencies (stage 2) for registration as an optometrist are achieved (Stage 2 core competencies and the three, six and nine month benchmarks are attached at **Appendix 2b**); evidence of achievement to be provided through a coherent and incremental assessment strategy which must be fit for purpose. (See Section 3).

2.2 The Provider of the Scheme should ensure that:

- (i) its responsibilities for practice-based learning are clearly defined;
- (ii) the intended learning outcomes align with the competencies for entry onto the GOC register;
- (iii) any assessment is part of a coherent assessment strategy.
- (iv) employers know what their responsibilities are for creating the right environment for allowing practice-based-learning to take place;
- (v) supervisors know what their responsibilities are for creating the right environment for allowing practice-based-learning to take place;
- (vi) trainees are made aware of their responsibilities and rights during the PRP;
- (vii) trainees are provided with appropriate guidance and support throughout the PRP;
- (viii) supervisors are competent to fulfil their role;
- (ix) procedures are in place for dealing with complaints and that all parties are aware of, and can make use of them.
- (x) the structure of the PRP secures clinical progression by imposing increasing demands on the learner, over time, in terms of the acquisition of clinical skills and increasing autonomy in learning.

### 3. **Assessment of Trainees**

- 3.1 Providers should be able to demonstrate how the achievement of intended outcomes is assessed, and that, in each case, how the assessment method selected is appropriate to the nature of the intended outcome.
- 3.2 Assessment should be a staged process, which includes both a formative and summative process carried out by appropriately trained assessors.
- 3.3 Trainees will not be allowed to progress until they have successfully completed each stage.
- 3.4 There should be clear and appropriate criteria for each assessment, which should be communicated effectively to trainees, supervisors and assessors along with any differential weightings of assessment.
- 3.5 Visitors will wish to see evidence of appropriate review of assessments undertaken throughout the PRP and have evidence of Provider processes which will demonstrate unequivocally that all trainees have successfully demonstrated all Stage 2 competencies (see **Appendix 2b**)
- 3.6 Records of patient eye examination should be appropriately documented.
- 3.7 The Provider should not apply any additional systems of criticality over and above that defined by the GOC through any competency priority grouping. Introducing the correct weighting of any high priority competencies will ensure that candidates who are unsafe will fail.

#### **4. Quality Assurance Measures**

##### **4.1 The Scheme Provider should:**

- (i) demonstrate the effectiveness of the measures taken to maintain the standards and enhance the quality of the Scheme.
- (ii) have arrangements for dealing with approval and review of supervisors and assessors, the suitability of practice and hospital placements or other forms of clinical placements, and the management of the assessment procedures.
- (iii) have procedures for monitoring and review of the PRP; overall management of the Scheme; management of relationships with all stakeholders and compliance with clinical governance.
- (iv) evidence of the effectiveness of evaluation and use of quantitative data and qualitative feedback in a strategy of enhancement and improvement.

##### **4.2 The Scheme Provider should have available on request:**

- (i) annual Statistics on trainee achievement in all forms of summative assessment.
- (ii) an annual report of the analysis of the trainee performance across all sections of the assessment process should be provided in relation to entry qualifications.
- (iii) evidence of the Provider's evaluation of progression and completion rates in relation to the learning opportunities and stated PRP outcomes.
- (iv) external examiners reports
- (v) Evidence of development opportunities for supervisors, along with take up rates of these opportunities.
- (vi) Evidence of development opportunities for assessors and those serving the assessment processes and how these are reviewed by the Provider to ensure fitness for purpose.
- (vii) The Provider to give to the GOC data on its own internal review of the effectiveness of the Scheme - its strengths, weaknesses and opportunities for future amendment and development.

## 5. **Resources**

- 5.1 An assessment of the minimum resource necessary to allow success in the PRP will be undertaken. The effectiveness of resources utilisation in support of the intended learning outcomes will be evaluated.
- 5.2 The scheme provider will be required to indicate the following information in order for Visitors to determine whether the resource available will support the effective delivery of the scheme requirements:
- (i) Projected number of participants
  - (ii) Staffing available to deliver the scheme with details of CV's
  - (iii) Accommodation plans; the nature of the learning environment and information technology support
  - (iv) Equipment
- 5.3 The scheme provider must ensure adequate resources for the appointment, training and review of assessors and any management of them, e.g. lead assessors and the appointment of external examiners for the scheme.

## The Legal Framework for the Approval of Schemes

- A1. The Opticians Act 1989 provides the legal framework within which the GOC operates.
- A2. The GOC regulates the professions of optometry and ophthalmic dispensing in the United Kingdom. Section 1 of the Act gives the GOC the remit of promoting and enforcing high standards of education, training and conduct, so as to ensure an adequate and safe standard of eye-care. It registers those suitably qualified as optometrists and dispensing opticians
- A3. **Section 8(1) of the Opticians Act states that any person who satisfies the Council that:**
- (a) that he/she holds a qualification as an optometrist or dispensing optician for the time being approved by the GOC under section 12 (below), being a qualification granted to him/ her after receiving instruction from one or more of the institutions so approved; and
  - (b) that he/she has had adequate practical experience in the work of an ophthalmic or dispensing optician,
- shall be entitled to be registered in the appropriate register.
- A4. **Sections 12(1) and (2) of the Act state that:**
- (1) the Council may approve for the purposes of the Act any institution where the instruction given to persons training as opticians appears to the Council to be such as to secure to them adequate knowledge and skill for the practice of their profession; and
  - (2) that the Council may approve for the purposes of the Act any qualification which appears to the Council to be granted to candidates who reach such a standard of proficiency at a qualifying examination as to secure to them adequate knowledge and skill for the practice of their profession.
- A5. **Visitors are appointed under the provisions of Section 13 of the Act.**

## **General Optical Council – Practice Based Clinical Requirements and Supervision**

### **1. Clinical Requirements**

The General Optical Council has specified the competencies required for entry to the Register in the following 8 areas (See **Appendix 1B**):

1. Communication Skills
2. Professional Conduct
3. Refractive Management
4. Optical Appliances
5. Ocular Examination and Technique
6. Ocular Abnormalities
7. Contact Lenses
8. Binocular Vision

To enable the trainee to develop his/her ability and competence in a structured and balanced manner, benchmarks are provided by the GOC for the phased development of the trainee's knowledge and skills:

0-3 mths	The knowledge and skills which the trainee should be able to demonstrate and perform, without intervention by the supervisor, 3 months after commencing pre-registration training.
0-6 mths	The knowledge and skills which the trainee should be able to demonstrate and perform, without intervention by the supervisor, 6 months after commencing pre-registration training.
By end of PRP	The knowledge and skills which the trainee should be able to demonstrate and perform without intervention.

### **2. Supervision**

A supervisor must:

- (i) be a registered optometrist or registered medical practitioner, including meeting any CET requirements and abiding by the Code of Conduct and meet the criteria set by the Provider for appointment as a supervisor;
- (ii) have maintained his/her own fitness to practise through approved CET;
- (iii) provide the trainee with a written placement agreement approved by the Provider;
- (iv) be familiar with current assessment requirements for trainees and the guidelines and regulations for these;
- (v) provide a learning environment sufficient to facilitate the trainee's opportunity to achieve all learning outcomes in readiness for final examination or assessment;
- (vi) be satisfied regarding the level and area of the trainee's competence before delegating care of patients.

The supervisor (or where necessary a suitably qualified alternate) must provide the trainee with continuous personal supervision, which comprises:

- (i) physical presence at the practice premises at which the trainee is being supervised at all times when the trainee is in clinical contact with a patient (where legislation stipulates that that clinical contact requires the trainee to be supervised) so as to enable immediate availability to offer advice guidance and support to the trainee when requested;
- (ii) providing the ability to intervene in the care of a patient to prevent risk of harm;
- (iii) observation, teaching and appraisal of the trainee as appropriate throughout his/her placement;
- (iv) the provision of appropriate support to the trainee.

Where appropriate, the curriculum includes recommended target achievements (benchmarks) for the development of clinical skills and competencies. It is appreciated that individual supervisors may have difficulty in providing all aspects of training within the practice or recommended timeframe. Nevertheless, they are expected to take all reasonable steps to provide the necessary experience, possibly through external placement, and discuss areas of difficulty in the first instance with the Provider.

The GOC requires that documentary evidence be presented to confirm that all aspects of the core curriculum have been adequately covered during the training period. At the 3 and 6-month stage the trainee is required to complete a self-appraisal form recording his or her progress against the targets listed in the Table. The trainee and supervisor are to discuss the appraisals and agree the content and agreed future action. On completion the supervisor is to countersign the report and it should then be forwarded to the Provider. The Provider will monitor progress against the core curriculum and will require details of proposed remedial action where there is a significant shortfall in achievement.

On completion of the required period of supervised clinical training (normally 12 months) the trainee is to record the total number of refractions, dispensings and contact lens patients for the Provider. This record is to be certificated by the supervisor and returned to the Provider. The Provider will not validate the application for registration with the GOC until it has received the completed 3 and 6-month review forms and the completed records.

Desirable achievements (as per benchmarks given in Stage 2 Core Competency document attached) during the training period are:

Refractive examinations	750
Dispensings	575
Contact Lens Patients	30

Currently, the minimum number required for registration with the General Optical Council are:

Refractive examinations	500
Dispensings	350



**THE GENERAL OPTICAL COUNCIL STAGE 2 CORE COMPETENCIES  
FOR OPTOMETRY**

**The following are the REVISED competencies for registration as an optometrist  
APPROVED BY THE GENERAL OPTICAL COUNCIL ON**

**1 JULY 2004**

**Achievement of ALL the Core Competencies must be demonstrated at some stage  
during the period of the scheme**

**The GOC has placed the competencies in to three categories for assessment  
purposes:**

**High assessment competencies – in bold**

*Medium assessment competencies – in italics*

Standard assessment competencies – in standard type

### Core Subject 1: Communication Skills

#### The ability to communicate effectively with the patient and with professional colleagues

	<b>To be achieved within first quarter</b>
1.1	The ability to take an accurate history from patients with a range of optometric conditions.
1.2	The ability to elicit significant symptoms.
1.3	The ability to elicit relevant family history.
1.4	The ability to elicit issues pertaining to the patient's general health, medication, work, sports, lifestyle and special needs.
	<b>To be achieved within second quarter</b>
1.5	The ability to impart to patients an explanation of their physiological or pathological eye condition.
1.6	An ability to understand a patient's fears, anxieties and concerns about their visual welfare, the eye examination and its outcome.
1.7	The ability to discuss with a patient the importance of systemic disease and its ocular impact, its treatment and the possible ocular side effects of medication.
1.8	An ability to understand the patient's expectations and aspirations and manage empathetically situations where these cannot be met.
	<b>To be achieved by qualifying examination</b>
1.9	The ability to communicate with patients who have poor, or non-verbal, communication skills, or those who are confused, reticent or who might mislead.
1.10	The ability to communicate bad news to patients in an empathetic and understandable way.

## Core Subject 2: Professional Conduct

### An understanding of professional conduct and the legal aspects of professional practice

	<b>To be achieved within first quarter</b>
2.1	The ability to manage patients in a safe, ethical and confidential fashion.
2.2	The ability to create and to keep clear, accurate and contemporaneous patient records.
2.3	The ability to interpret and respond appropriately to existing records.
	<b>To be achieved within second quarter</b>
2.4	The ability to make a judgement regarding referral and an understanding of referral pathways.
	<b>To be achieved by qualifying examination</b>
2.5	The ability to demonstrate an understanding of the legal, professional and ethical obligations of a registered optometrist.

### Core Subject 3: Visual Function

#### An understanding of, and the ability to assess visual function

	<b>To be achieved within first quarter</b>
3.1	<i>The ability to refract a range of patients with common optometric problems by appropriate objective and subjective means.</i>
3.2	<i>The ability to make appropriate prescribing and management decisions based on the refractive and oculomotor status.</i>
3.3	<i>The ability to use appropriate ocular diagnostic drugs to aid refraction.</i>
	<b>To be achieved within second quarter</b>
3.4	The ability to assess children's visual function using appropriate techniques.
3.5	The ability to assess patients with impaired visual function.
3.6	The ability to advise visually impaired patients about their impairment, disability or handicap.
3.7	The ability to assess a patient's colour vision and to determine whether it achieves the standards required by various vocational groups.
	<b>To be achieved by qualifying examination</b>
3.8	An understanding of the special examination needs of patients with learning and other disabilities.
3.9	An understanding of the special examination needs of patients with severe visual field defects.

### Core Subject 4: Optical Appliances

#### The ability to prescribe and to dispense appropriate optical appliances

	<b>To be achieved within first quarter</b>
4.1	The ability to advise on and to dispense the most suitable form of optical correction taking into account durability, comfort, cosmetic appearance and lifestyle.
4.2	The ability to measure and verify optical appliances, taking into account relevant standards.
	<b>To be achieved within second quarter</b>
4.3	The ability to advise on the use of, and to dispense simple low vision aids including: hand and stand magnifiers, typoscopes and hand held telescopes.
4.4	The ability to advise on the use of and to dispense complex spectacle lens forms, including: multifocals, high corrections, and their application to specific patient needs.
4.5	An understanding of prismatic effect, and the manipulation of lens form and setting to obtain the desired control of prismatic effects.
	<b>To be achieved by qualifying examination</b>
4.6	<i>An understanding of eye protection regulations, and relevant standards, and the ability to advise on occupational visual requirements.</i>
4.7	The ability to prescribe and dispense spectacles for vocational use.
4.8	An understanding of the application of complex low vision aids e.g. spectacle-mounted telescopes, CCTV.
4.9	The ability to manage non-tolerance cases.

### Core Subject 5: Ocular Examination

#### The ability to perform an examination of the eye and related structures

	<b>To be achieved within first quarter</b>
5.1	The ability to use instruments in ocular examination and to understand the implications of the findings in terms of subsequent examination techniques.
5.2	The ability to assess the external eye and adnexa.
5.3	The ability to assess the tear film.
5.4	The ability to assess pupil reactions.
5.5	The ability to use a slit lamp.
5.6	The ability to use diagnostic drugs to aid ocular examination.
<b>5.7</b>	<b>The ability to examine fundi using direct and indirect techniques.</b>
5.8	The ability to use instruments to measure corneal curvature.
5.9 part	The ability to investigate visual fields <b>and to analyse and interpret the results.</b>
	<b>To be achieved within second quarter</b>
5.10	The ability to use a contact tonometer to measure intraocular pressure and analyse and interpret the results.
5.11	The ability to make an assessment of the fundus in the presence of media opacities.
5.12	The ability to use a slit lamp to detect anterior chamber signs of ocular inflammation.
5.13	The ability to assess visual fields of patients with reduced visual acuity.
	<b>To be achieved by qualifying examination</b>
5.14	Demonstrate an understanding of techniques for assessment of vision in infants.
5.15	An understanding of the assessment of visual function, including the use of specialist charts for distance and near vision, and the effects of lighting, contrast and glare.

## Core Subject 6: Ocular Abnormalities

### The ability to identify and manage ocular abnormalities

	<b>To be achieved within first quarter</b>
6.1	The ability to interpret and investigate the presenting symptoms of the patient.
6.2	<i>The ability to develop a management plan for the investigation of the patient</i>
6.3	<i>The ability to identify external pathology and offer appropriate advice to patients not needing referral,</i>
6.4	An understanding of risk factors for common ocular conditions.
6.5	<i>The ability to recognise common ocular abnormalities and to refer when appropriate.</i>
	<b>To be achieved within second quarter</b>
6.6	<i>The ability to manage a patient presenting with a red eye.</i>
6.7	<i>The ability to manage a patient presenting with reduced vision.</i>
6.8	The ability to identify abnormal colour vision and to appreciate its significance.
6.9	<i>The ability to manage a patient presenting with cataract.</i>
6.10	<i>The ability to evaluate glaucoma risk factors, to detect glaucoma and refer accordingly.</i>
6.11	<i>The ability to manage a patient presenting with macular degeneration.</i>
6.12	<i>The ability to recognise, evaluate and manage diabetic eye disease and refer accordingly.</i>
6.13	<i>The ability to evaluate and manage a patient presenting with symptoms suggestive of retinal detachment.</i>
6.14	An understanding of the treatment of a range of common ocular diseases.
6.15	The ability to recognise ocular manifestations of systemic disease.
	<b>To be achieved by qualifying examination</b>
6.16	An understanding of the role of optometrists in shared care schemes.
6.17	The ability to assess symptoms and signs of neurological significance.
<b>6.18</b>	<b>The ability to manage patients presenting with sight- threatening eye disease.</b>
6.19	An ability to recognise adverse ocular reactions to medication.

### Core Subject 7: Contact Lenses

#### The ability to manage patients with contact lenses

	<b>To be achieved within first quarter</b>
7.1	The ability to insert and remove contact lenses and instruct patients in these procedures.
7.2	<i>The ability to fit soft contact lenses.</i>
7.3	The ability to manage the aftercare of patients wearing soft contact lenses
7.4	The ability to advise on contact lens materials and care regimes
	<b>To be achieved within second quarter</b>
7.5	The ability to manage the aftercare of patients wearing rigid gas permeable contact lens.
7.6	<i>The ability to fit rigid gas permeable contact lenses.</i>
	<b>To be achieved by qualifying examination</b>
7.7	An understanding of, and the ability to fit contact lenses to patients with astigmatism.
7.8	An understanding of the techniques used in fitting contact lenses and to advise patients requiring complex visual correction.

### Core Subject 8: Binocular Vision

#### The ability to assess and manage patients with anomalies of binocular vision

	<b>To be achieved within first quarter</b>
8.1	<i>The ability to assess binocular status using objective and subjective tests.</i>
8.2	<i>An understanding of the management of a patient with an anomaly of binocular vision.</i>
8.3	The ability to investigate and manage adult patients presenting with heterophoria.
	<b>To be achieved within second quarter</b>
8.4	The ability to manage an adult patient with heterotropia
8.5	The ability to manage children at risk of developing an anomaly of binocular vision.
	<b>To be achieved by qualifying examination</b>
8.6	The ability to manage children presenting with an anomaly of binocular vision.
8.7	<i>The ability to manage a patient presenting with an incommittant deviation.</i>

**GLOSSARY**  
**Words and Phrases**

<b>Competency Title</b>	One of the eight competencies areas identified by the GOC
<b>Stem Statement</b>	An over-arching statement which explains and expands the competency title.
<b>Ability to..</b>	Being able to .....and/or permitted to under current legislation
<b>Understanding</b>	To comprehend, to perceive the meaning of but not necessarily having the ability to do it.....
<b>Communication</b>	All forms of inter-personal communication 'written forms' 'asking' 'listening' 'explaining' 'discussing'.
<b>Manage</b>	Encompasses all aspects of patient management including advice, reassurance, treatment and referral as appropriate.
<b>CCTV</b>	Closed-circuit Television – a television system in which signals are transmitted from the television camera to the receivers by cables or telephone links

### **Timescale and stages of the approval process for existing Schemes**

A letter to be sent to existing providers one year before the process is due to commence, and with negotiation to determine the broad time frame for the visit.

#### **Week 0**

- An initial letter from GOC indicating the start process and issuance of this Handbook, a statement of required documentation (See **Appendix 1**) and the selection and briefing of team of Visitors.

#### **Week 8**

- Receipt of documentation required.

#### **Week 11**

- Formulate a visit agenda, following closely the contents of the handbook, and any further documentation required.
- Request for further documentation required by Visitors

#### **Week15**

- The Visit (See **Appendix 2A**)

#### **Week 20**

- The first draft of the written report to Visitors (see **Appendix 2b**)

#### **Week 24**

- The amended draft to the Training Establishment for factual correction

#### **Week 26**

- Final report

#### **Week 30**

- Action plan received from Training Establishment for formal consideration by Education Committee

*N.B. During Christmas and Easter, timescales will be adjusted to allow for holiday periods.*

### **Explanation of the Procedure for approving 'new' Schemes**

Scheme Providers should be aware that the GOC considers that in order to form an effective proposal for a new Scheme about 2 years preparation time is required. Providers considering new Schemes should therefore contact the GOC at the earliest opportunity to agree a suitable timescale for the appropriate development and consideration of the proposal.

The Provider should make a submission to the GOC Education Committee outlining its intentions for the new Scheme, giving the same details (as are available for the new Scheme) as required by this Handbook for established Schemes. This is Week 0 of the Timescale for Visiting Existing Schemes as given at Appendix 2. (*Education Committee meets three times a year, in January, April and September. Papers for the Committee go out (usually) two weeks before a meeting.*)

Once it has received outline details and considers these the Committee will ask a Group from within its own membership to visit the new Scheme so as to take the matter further. The Committee Visitors will normally comprise of:

- 2 optometrists
- 2 Lay Members (one being the Chairman of the Committee and one being the Privy Council appointee with specific responsibility for advising Council on educational matters).
- One dispensing optician
- One ophthalmologist

The Visitors will follow stages, Week 8 to Week 28 of the Timescale for visiting existing schemes as given at Appendix 2.

An Education Committee Visit is not a Panel Visit. The role of the Education Committee Visitors to a new Scheme (or new course etc) is:

- i) To offer any assistance and advice to the Provider in the establishment of the Scheme;
- ii) advise the Education Committee on whether provisional approval should be granted to the Scheme; and
- iii) ensure that matters of public safety are addressed.

The Committee will receive a report of the preliminary meeting, which will enable the Committee to advise Council whether provisional approval should be granted so that the Provider can start the Scheme.

Once the Scheme has started the Committee Visitors will visit in each year of its development, following the timescales given in Appendix 2.

A report to the Education Committee will be produced after each Committee Visit and provisional approval can be withdrawn at any stage. Should provisional approval be withdrawn, the Council will make appropriate arrangements to ensure that trainees in that Scheme will not be disadvantaged.

When the Committee is satisfied it will advise Council to visit formally and it will then be a matter for the Council to decide on full approval, which initially may be for a shorter period than the usual five years.

At its meeting of 6 March 2003, the General Optical Council agreed the following policy statement relating to the provision of new courses. The same principles apply for the provision of new Schemes for Registration:

*'Training Institutions (Providers) wishing to provide training courses (Schemes for Registration) for entry to pre-registration arrangements for Optometry or Dispensing Optics, should obtain provisional approval for their proposals BEFORE trainees are enrolled to the training course (Scheme). If trainees are enrolled before provisional approval is secured, the GOC will NOT give provisional approval to that part of the course (Scheme) which has run prior to provisional approval being granted.'*

#### Visit Format

The Committee visits to new Schemes, will follow a similar format to that for existing schemes as described in **Appendix 5**.

**The Visit format – Existing Schemes**

The Visiting team will comprise of the following:

- i. Chair - Lay member of Council and member of the Education Committee\*
- ii. At least two Optometrist Visitors
- iii. At least one Educationist Visitor
- iv. At least one Dispensing Optician Visitor
- v. One Ophthalmologist Visitor

\*The Chair will be independent to the visiting professional team, and will ensure that the procedures and criteria laid down in this Handbook are appropriately followed, that the Education Committee has fully discharged its responsibilities in relation to Scheme approval, and that Visitors conduct themselves properly and with due courtesy.

The Team will wish to meet the following persons during the Visit:

- i. The senior managers of the Provider
- ii. The person(s) responsible for the overall management of the Scheme
- iii. Other staff involved in the running of the Scheme
- iv. Any personnel with an interest in the Scheme – supervisors, mentors, examiners etc
- v. Support staff
- vi. Trainees

A record will be kept of these meetings.

The Team will wish to observe any examinations in progress.

## The Written Report

The written report will take the following format:

- i. Introduction giving general information on the Provider and an overview of the Scheme:
- ii The judgments of the Visitors as detailed in **Appendix 5a**:
  - a) *Aims and Outcomes of the Scheme*:
    - Whether the learning outcomes reflect the GOC PRP core competencies
    - Whether the learning outcomes are clearly stated
    - The adequacy of procedures for ensuring the PRP is designed and reviewed to ensure trainees are able to achieve the learning outcomes
    - The adequacy of arrangements for communicating learning outcomes to trainees and staff
  - b) *Practice-Based Learning (Core Competencies)*
    - Whether the learning outcomes are supported by the PRP
  - c) *Assessment*
    - Whether assessment processes can adequately measure achievement of learning outcomes
    - Whether assessment processes leading to registration with the GOC are adequate to protect the public
    - Whether trainees are treated equitably
  - d) *Review of Standards (Enhancement)*
    - The capacity of the PRP provider to review and calibrate standards
    - The ability of the PRP provider to promote and enhance standards
  - e) *Learning Opportunities and Resources*
    - The extent to which learning opportunities contribute to the learning outcomes
    - Whether staff are appropriately qualified to contribute to the achievement of the learning outcomes
    - Whether practice resources and arrangements are adequate to support achievement of learning outcomes
  - f) *Trainee Achievement and Progression*
    - The effectiveness of induction to the PRP
    - The effectiveness of trainee support strategies
    - The appropriateness of progression to registration
- iii. Précis of meetings held.