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COUNCIL

Education Strategic Review (ESR): update and overarching framework

Meeting: 10 July 2019 **Status:** for decision
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Purpose

1. To present Council with an update regarding the Education Strategic Review (ESR); to outline key decisions required to determine the overarching framework for future undergraduate education and training; areas of crossover with continuing professional development (CPD); and outline next steps in response to the recent ESR consultation on the draft Education Standards for Providers and Learning Outcomes for Students

Recommendations

2. Council is asked to **note** the GOC consultation response report and **consider and agree** the following recommendations:
   - to implement the 'one accountable provider' approach;
   - to create a standardized assessment framework;
   - to develop learning outcomes and education standards that increase a) the clinical content of courses and b) the emphasis on professionalism and clinical leadership; and
   - to support mentoring schemes for newly qualified professionals and to take forward alongside an exploration of other options for support through our already established Transition to Practice project under the CET Review Programme.

Strategic objective

3. This project supports our strategic objective to "Deliver a strategic review of optical education and training and implement changes to ensure that optical professionals are equipped for future roles."

Risks

4. Risks related to optical education and training are that:

R1	There is a risk that the current system of optical education and training ceases to be fit for purpose due to the	The purpose of ESR is to review and make recommendations on how the system of optical education and

	changing needs of patients, changing roles of optical professionals and wider changes in the delivery of healthcare across the four UK nations.	training should evolve so that registrants are equipped to carry out the roles they will be expected to perform in the future.
R2	There is a risk that the sector moves too slowly to react to the changing demands or too fast to enable education providers to implement changes safely and appropriately.	We must consider timeliness in our project plan and decisions, including considering the possibility of phasing.
R3	There is a risk of dependency on key contextual and sector-wide developments that are outside of the GOC's regulatory remit and therefore outside of the scope of ESR.	We have a clear project scope and we must always consider the role of a regulator, noting the context in which we regulate. We should encourage the sector to lead on areas outside of our remit.
R4	There is a risk that key stakeholders' views or perceptions contradict the evidence related to optical education and training.	We are committed to ensuring that any recommendations for change are based on sound evidence and benchmarking, and that we make decisions in the interests of the public.

Background

5. The purpose of the ESR is to review and make recommendations on how the system of optical education and training should evolve so that registrants are equipped to carry out the roles they will be expected to perform in the future.

6. Throughout the ESR, we have carried out extensive engagement with stakeholders, including education providers and employers, commissioners, professional bodies, government health and social care Boards, patients, students, recent graduates, charities, and our own ESR Expert Advisory Group, CET reference group and GOC advisory committees.

7. We started the review with a call for evidence and published a summary report (June 2017). We then commissioned research into patterns and trends in health professional education in the UK and internationally (November 2017) and carried out research exploring the perceptions of newly qualified practitioners and employers in relation to current education and training requirements (June 2018). We then consulted on the concepts and principles that should inform the education and training model and published an independent summary report (April 2018)[1].

[1] all the documents referred to in this paragraph are published on our website.

8. Following this, we proceeded to develop draft Education standards for providers and Learning Outcomes for students through significant stakeholder engagement and in November 2018 we launched a public consultation.

9. In May 2019, we presented the consultation findings to Council. Receiving over 500 responses, Council were encouraged by the level of engagement, and recognised that whilst there remained general support for the increasing flexibility in education provision, there was concern within the sector regarding some of the changes proposed, the pace of implementation and funding to support the changes.

10. After reviewing the consultation findings, Council were asked to provide steers regarding the next steps to help shape the framework within which a new set of standards and learning outcomes could be effective. Council set out the following five steers for the Executive to explore, through representative stakeholder workshops and further evidence-gathering. The steers were:
    - a model in which any 'programme of study' which leads to registration is led by one accountable provider, who is permitted to work in partnership with other organizations and determine the amount of integration within the programme. This means that multiple organizations could be responsible for their 'programme of study' or route to registration – but in any route to registration one sole provider would maintain accountability for the student outcome which ensures the student is equipped to join the GOC fully qualified register. This model could operate in multiple geographies across the UK;
    - a standardized assessment framework which maintains comparable outcomes between providers but supports innovation and agility underpinned by rigorous quality and assurance controls;
    - increasing clinical content of undergraduate education and training to support early exposure to patient groups;
    - increasing emphasis on professionalism and clinical leadership; and
    - support for newly qualified professionals, exploring CPD that includes requirements around mentoring and peer reflection.

11. The detailed notes of the stakeholder workshops that took place between May and July are included within the body of the annex. During the workshops, attendees were given the opportunity to explore the five steers; many raised long-term benefits as well as challenges of the steers, offering some solutions on how challenges could be resolved and mitigated. These are presented in the analysis section below alongside our recommended decision.

Analysis

Steer 1

A model in which any 'programme of study' which leads to registration is led by one accountable provider, who is permitted to work in partnership with other organisations and determine the amount of integration within the programme.

This steer is about one accountable provider who is responsible for an entire route to registration (programme of study). The accountable provider can work in partnership with other organizations, for example by contracting out part of the route to registration. There can be numerous accountable providers in the UK who run their own route to registration.

Benefits	Risks / Impacts

• One accountable provider
  o is easier to regulate
  o ensures provider takes responsibility for output and journey (such as supervision support)
  o prevents 'gaps' in route to registration (i.e. better student experience)
• Flexibility for providers and improved competition
• Addresses main issues within current system
• May not require significant change in most areas – except for contractual agreements
• Dispensing elements of optometry might be better taught if integrated
• Enables programmes to support a vocational career pathway with possible opportunities to focus on a sector or specialism
	• Improving assurance and availability of supervision and placements will be a challenge, no matter the route to registration model.
	• Funding – this may cost more for students or cause a loss of student earnings; it may be more expensive for providers
	• What might be the impact on employers from running registrable apprenticeships?
	• Undue influence of commercial entities on the curriculum if power consolidated in a few multiples
	• Higher Education sector changes e.g. Augar review/Brexit may put added pressure on Universities

Solutions and mitigations

- Improve the way in which courses are advertised, to demonstrate the whole route to registration
- Ring fence funding to support clinical placements
- Nature of Service Level Agreements with commercial and professional entities involved in the pathway may provide some protection against undue influence
- GOC should include some requirements around the expectations of clinical placement providers as part of its approval process
- HCPC has a good model which could help in developing our own

Summary and recommendation:

12. There was significant debate about this steer and whilst some providers felt that 'one accountable provider' would not improve regulation, the majority of stakeholders agreed with this more accountable approach, stating that it would be more in line with other healthcare professional pathways and regulation, would improve student experience and would not prohibit different models of education and training.

13. The barriers for providers were focused on the contracts required, should they decide to subcontract, and the logistical barriers to organizing quality assurance of placements if they choose to manage this in-house.

14. **We therefore recommend that Council agree this steer, to implement the 'one accountable provider' approach.**

Steer 2

A standardised assessment framework which maintains comparable outcomes between providers but supports innovation and agility underpinned by rigorous quality and assurance controls	
Benefits	Risks / Impacts
• Supports innovation and agility – enabling providers to create assessments to suit their needs • More proportionate response to low clinical risk in the professions • Encourages providers to develop their curriculum responsively to changing external flux, rather than 'teach to the OSCE' • Could address the disconnect in pass rates on the Scheme for Registration/PQE (preliminary qualifying exam)/FQE (final qualifying exam) and provider courses • Less onerous to administer • Helps to accommodate divergence in practice for local needs (e.g. Scotland). • Supports the creation and development of specialisms • Universities are the experts in assessment who should be trusted to design and deliver them • Could enable apprenticeships	• Funding – this may cost more for providers to administer • *Removes the current 'gateway' onto the register approach* – regulation needs to be strong to act as guarantor of consistency and standards • Would need to define what a 'safe beginner' looks like • Would need to know what specialists look like – should the GOC regulate other specialisms? • Does the GOC have resource to quality assure this approach properly? • Are the means of assessment flexible enough to meet different modes of learning?

Solutions and mitigations
• Work with institute of apprenticeships to seek collaborative regulation • Consider if the sector is ready to move to principled regulation from prescriptive regulation and if not, what would make it ready? • Co-create the assessment framework with providers and other key stakeholders • Share learning from other healthcare professional educators who deliver multi-professional learning and assessment • Consider the implications for postgraduate education and the creation and regulation of specialisms • Learning outcomes need to be shared and agreed across stakeholders • Use professional standards, applied ethics, engaging with professional bodies and representative groups for support and back-up • Implementation time depends on whether the model is phased or implemented as a 'big bang' - it could take five years. Universities need to be consulted.

15. **Summary and recommendation:** This steer prompted significant debate and whilst it was recognised that either model is workable, for the low level of clinical risk inherent within the profession, the flexibility and cost effectiveness of the framework was welcomed by most – as long as outcomes were comparable and the underpinning quality assurance was robust and consistent.

16. **We therefore recommend that Council agree to this steer, to create a standardized assessment framework.**

Steers 3 and 4

Increasing clinical content of undergraduate education and training to support early exposure to patient groups **Increasing emphasis on professionalism and clinical leadership**	
Benefits	Risks / Impacts
• More clinical content would increase the possibility of the qualification being re-classified as clinical – would lead to becoming eligible for funding tariff • Earlier patient exposure would be beneficial for clinical leadership, professionalism and communication skills • Communication skills are mainly learnt in practice, not in the classroom	• Could increase the length of the courses to 4 years • Logistics, availability and cost of more placements could be a barrier • If clinical content significantly surpasses their professional role, there is a risk of de-skilling if not supported by CPD • Supervisor availability to oversee placements • Could "dumb down" the quality of degree

• Many students have part-time jobs and feed back that this makes a substantial difference • Would support incremental growth in skills • Lots of scope for thinking outside the box e.g. different multi-professional settings	• Allowing students to do clinical work too early may pose a risk to patients • Need to understand the difference between supervisors and educators • Particular risk for dispensing courses - providers lack optometrists to do eye exams to make a clinic viable
Solutions and mitigations	
• Placement analysis to understand where current pre-registration placements take place • Consider encouraging providers to timetable teaching around part-time jobs • Use pedagogical approach - theory followed by practical experience or vice versa – value in both, and both approaches accepted by other regulators e.g. GDC • Quality of experience may be poor if clinical exposure depends mainly on observing; reflective learning could be used in these cases • Some techniques may be better taught on other students or volunteer patients – we should not see 'clinical experience' as depending purely on seeing real patients • The academic year could be extended with students having clinical experience in holiday periods • Simulation is good for clinical skills development	

Summary and recommendation:

17. This steer prompted broad consensus – that registrants of the future need to be equipped to take on more clinical duties, and that professionalism and clinical leadership are skills that newly qualified professionals need to be confident enough to be able to demonstrate.

18. In addition, some optometry providers were encouraged by the possibility that the degree becomes a vocational clinical degree which opens possibilities for additional funding for placements, although there was concern about the impact on the length of courses.

19. **We therefore recommend that these steers are agreed, to develop learning outcomes and education standards that increase a) the clinical content of courses and b) the emphasis on professionalism and clinical leadership.**

Steer 5

Support for newly qualified professionals, exploring CPD that includes requirements around mentoring and peer reflection	
Benefits	Risks / Impacts
• Helps to address attrition problem with Newly Qualified (NQs) practitioners • Could lower unnecessary referrals to secondary care • Supportive structure especially for those in isolated/rural practices • Could support regional variations in practice and funding • Could support career development and lifelong learning via CPD • Would support NQs having a protected first year in practice to develop their skills	• People are busy, asking them to do something completely different may be too burdensome • Cost implications for organizations asked to implement a mentoring scheme • If mandatory, could dampen supportive impact and become overly bureaucratic • Where would the clinical liability for mentoring arrangements lie? - with the mentee or mentor? • Supporting structure: Smaller employers may not be able to provide mentoring as easily as larger companies and structure in non-commercial sector, i.e. NHS, may also be more conducive than private sector • Confidentiality/conflicts concern with mentoring schemes • Access to a scheme or sufficient mentors may be problematic • Expectations of those involved may not be met – different people will have different needs and expectations of mentoring schemes
Solutions and mitigations	
Mentoring scheme • Consider mentoring schemes and application models and draw on good practice. • Encourage and support others to develop mentoring scheme (feedback from profession was not make it mandatory as this negates the positive motivation underpinning its ethos) • Should differentiate role of mentor from that of supervisor and consider how CPD scheme can support both roles • Encourage participation in mentoring by allowing it to count towards CET • Encourage participation in voluntary mentoring for NQs • Consider how standards or guidance on leadership could promote professional engagement with mentoring (and supervision) as part of 2020 review of Standards of Practice	

Summary and recommendation:

20. There was consensus that more support for newly qualified professionals would be beneficial to build confidence, promote career pathways and address attrition. However, most stakeholders felt that the GOC should consider its role carefully in encouraging or mandating this and preferred the GOC to offer support through guidance or courses, but not through administering a scheme ourselves.

21. **We recommend that Council agrees the following:** to support mentoring schemes for newly qualified professionals and to take forward alongside an exploration of other options for support through our already established Transition to Practice project under the CET Review Programme.

Impacts

22. The following implications have been identified:
    - legislation – the Opticians Act stipulates restricted functions of each type of registrant. This restricts some aspects of scope of practice within the sector. Student registration is also a requirement of the Opticians Act;
    - There is no impact on reserves;
    - resources and budget – the resources and budget for this project are as included in the business plan and budget;
    - equality, diversity and inclusion and Human Rights Act – the ESR seeks to respond to growing needs in the sector including an ageing population, the need for improved communication skills, to deal with vulnerable patients and to attract and support students of all backgrounds to complete the route to registration. These topics are being be explored within our impact assessment;
    - devolved nations – any education standards and learning outcomes will apply across all nations and differences in requirements will be explored within the ESR. The project recognizes that the arrangements for funding and delivery of community and hospital eye services differs across the UK and this may have a bearing on future expectations of eye health professionals. This is being taken into account in the project delivery.

Communications and timeline for future work

23. It is important to note that the case for change remains – there remains urgency for ensuring optical education to evolve to be fit for the future, whilst we recognise that change in the sector will take a number of years to fully implement.

24. We remain committed to ensuring that, when making any decisions, there is a sufficient period of notification and implementation, particularly for education providers, but also for CET providers who will need to respond to any changes

in undergraduate education and training and continue to support clinical skills development for the current workforce.

25. If the recommendations are approved, we will:
    - communicate Council's decision widely.
    - set out short term, medium term and long term implementation plan for each recommendation at November Council.
    - Publish the final ESR Education Standards and Learning Outcomes consultation response report

Annex

Annex one – GOC ESR Education Standards and Learning Outcomes consultation response report