Review of student regulation: consultation

This consultation is seeking the views of stakeholders on the most proportionate and effective way of regulating student optometrists and student dispensing opticians.

July 2013
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Executive summary

1. The purpose of this consultation is to seek the views of stakeholders on the most effective and proportionate way to regulate student optometrists and student dispensing opticians. As part of our current system of student regulation we require all students to register with us. We are the only health and care regulator overseen by the Professional Standards Authority (PSA) to operate such a system.

2. We recognise that there has been some debate over recent years about the efficacy of student registration in protecting the public. We also acknowledge that the regulatory environment and regulatory thinking has moved forward since we first introduced student registration in 2005, with a greater focus on ‘right touch’ regulation. In drafting this consultation and impact assessment we have taken into account the principles of ‘right touch’ regulation.

3. We have also considered the likely implications of the UK Law Commissions’ review on the future of health and social care regulation, and the specific implications for the GOC in maintaining our current system of student registration. We have reviewed the recommendations of the recent Francis Inquiry and we will take these into account in designing any future model of student regulation.

4. Our review of the system of student regulation is part of our 2012/13 Business Plan and will continue into 2013/14. We are committed to implementing a system of student regulation that meets the GOC’s strategic aim ‘to deliver effective, proportionate and fair public protection and basing our policy and regulatory practice on sound evidence.’

5. This consultation document looks at the GOC’s current system of student regulation and compares it to alternative approaches adopted by other health and care regulators which do not include registration. The differences in approach are partly attributable to how other regulators view their relationship with students compared to their relationship with a fully qualified, fit to practise, healthcare professional. They take the view that students are not part of the profession and most issues regarding students can be more effectively and proportionately dealt with at a local level by the education and training provider.

6. In comparison we require both students and fully qualified professionals to register with us. This results in us having a similar degree of regulatory control over students as we do over full registrants for example both are subject to our fitness to practise process. Arguably this approach is inconsistent with ‘right touch’ regulation as it requires a disproportionate amount of regulatory force.
7. The consultation includes an impact assessment which presents three options of student regulation:
   - **Option 1** – Retaining the existing model of student regulation;
   - **Option 2** – A system of student regulation without student registration; and
   - **Option 3** – Provisional GOC registration for student optometrists in their pre-registration training.

8. In considering which option to adopt we should ensure that any future model of student regulation is ‘future proof’ and agile enough to take account of any changes that may occur in the structure of optometry and dispensing optics courses.

9. As a result of our analysis, taking into account the principles of good regulation, we are proposing to adopt option 2 subject to consultation. We believe that this option would achieve our objective of minimising the risk of harm to patients and the public associated with student optometrists and student dispensing opticians in a more effective and proportionate way than options 1 or 3.

10. Our initial estimate is that this option would be likely to lead to substantial cost savings for the GOC of around £550,000 per annum. However, it is likely that there would be additional costs incurred by the education and training providers, and some additional costs incurred by the GOC in relation to quality assurance.

11. We recognise that our preferred option of regulation would result in some parties taking on new responsibilities and there would be initial implementation costs. However, we envisage that there would be a lengthy transition period, during which time we would provide support and carry out further consultation with stakeholders on the specific details of implementation.

12. We look forward to receiving responses to the consultation from a wide range of stakeholders by the closing date of 3 October 2013, prior to Council making a final decision by the end of this year.

13. We will be holding a public consultation event on 4 September 2013. You can find out more details on our website: www.optical.org.
Introduction

14. The purpose of this consultation is to seek the views of stakeholders on the most effective and proportionate way to regulate student optometrists and student dispensing opticians.

15. An initial impact assessment has been prepared and is published as part of the consultation document. The impact assessment presents the following options:

- **Option 1** – Retaining the existing model of student regulation;
- **Option 2** – A system of student regulation without student registration; and
- **Option 3** – Provisional GOC registration for student optometrists in their pre-registration training.

Principles of good regulation

16. We have prepared this consultation with reference to the principles of good regulation\(^1\), namely that regulation should be: proportionate, targeted, consistent, transparent, accountable and agile. We have interpreted these as follows:

- **Proportionate** – we will identify and target the issues of greatest risk to public safety. We will remove unnecessary bureaucracy.
- **Targeted** – we will ensure that our activity is focused on the areas of greatest risk, or where there is most benefit to public safety.
- **Consistent** – we will work in collaboration with UK health regulatory bodies and other partners to develop consistent policies and procedures.
- **Transparent** – we will explain and publicise decisions, and make public, wherever possible, Council information, activities and proceedings. We will make roles and responsibilities clear.
- **Accountable** – we will seek, and respond to, the views of stakeholders and partners. We will consider and review the consequences of our actions through evaluation.
- **Agile\(^2\)** – we will anticipate change and take timely action. We will ensure that we can respond to changes in the optical sector and improvements in technology.

17. This consultation will be of particular interest to education and training providers, student optometrists and student dispensing opticians, members of the public, patient and public representative groups, optical businesses, GOC registrants and professional bodies. We have included in this document a number of questions we would like those responding to the consultation to consider.

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\(^1\) Better Regulation Executive (2000), *Five principles of good regulation.*

\(^2\) Added by the Professional Standards Authority (PSA) (formerly Council for Healthcare Regulatory Excellence (CHRE)) (2010), *Right-touch regulation.*
About us

18. The General Optical Council (GOC) is one of nine regulators overseen by the Professional Standards Authority for Health and Social Care (PSA). Collectively these regulators oversee the health and social care professions by regulating individual professionals.

19. We are the regulator for the optical professions in the UK. We currently register around 26,000 optometrists, dispensing opticians, student opticians and optical businesses. Our primary legislation is the Opticians Act 1989 (as amended) ('the Act'), and we have a series of related rules that determine how we carry out our statutory functions. Our legislation can be found on our website at http://www.optical.org/en/about_us/legislation/index.cfm

20. The GOC has four primary functions:

- setting standards for optical education and training, performance and conduct;
- approving qualifications leading to registration;
- maintaining a register of those who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
- investigating and acting where registrants’ fitness to practise, train or carry on business is impaired.

How to respond

21. We welcome all responses to the consultation and we will consider the future of student regulation in light of the responses we receive. You can download from our website further copies of this document and the response form, or you can contact us if you would like us to send you copies of these documents.

22. Please contact us to request a copy of this document in an alternative format, or in Welsh.

23. We are consulting for 10 weeks. This is shorter than our recommended consultation period of 12 weeks due to time pressures. The outcome of this consultation will feed into the UK Law Commissions’ review of the regulation of UK healthcare professionals. We need to shorten the consultation period to allow enough time to analyse the responses, discuss with our Council and then communicate our conclusions to the Law Commissions and to the UK Government.

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3 The other regulators are: General Chiropractic Council, General Dental Council, General Medical Council, General Osteopathic Council, General Pharmaceutical Council, Health and Care Professions Council, Nursing and Midwifery Council, Pharmaceutical Society of Northern Ireland.
24. The deadline for responses to this consultation is 3 October 2013.

25. Please send your response in writing to:

   Angharad Jones  
   General Optical Council  
   41 Harley Street  
   London W1G 8DJ

26. You may also email responses to ajones@optical.org or send a fax to +44 (0)207 7436 3525. We do not usually accept responses by telephone or in person. We normally ask that consultation responses are made in writing to ensure that we can accurately record what the respondent would like to say. However, if you are unable to provide your response in writing please contact us on +44 (0)20 7307 3923 to discuss any reasonable adjustments that would help you to respond.

27. We will publish all the non-confidential consultation responses as well as a summary including the decisions we have taken as a result of the consultation on our website. If you would prefer your responses not to be made public, please indicate this when you respond.

Further information

28. Where possible, please provide evidence to support your response. If you are a representative group, it would be helpful if you could include a summary of the people and organisations that you represent.

29. A copy of this consultation has been sent to a large number of stakeholder groups representing our registrants, the public, patients, partner organisations and other groups. If you have any queries about the consultation then please contact Angharad Jones on ajones@optical.org or 020 7307 9457.

Our commitment to consultation

30. We believe it is important that the people affected by our work have a say in how we deliver it. We believe it is vital to consult with all the groups with an interest in the GOC; patients, the public, our registrants, optical organisations, healthcare organisations, employers, other regulators, staff and other stakeholders.

31. How we consult with our stakeholders is set out in our Consultation Framework, available in the consultation section of our website. Feedback on the consultation process itself would be welcome. If you have any comments then please contact Simon Grier on sgrier@optical.org
Section 1: Background

About GOC student registration

32. Since 2005 the GOC has had a full compulsory system of student registration. This means that all student optometrists and student dispensing opticians are required to register with the GOC.

33. At the time when the system was introduced, the GOC felt that student registration would increase public protection on the basis that if restricted functions (such as testing of sight and contact lens fitting) were deemed risky enough to require the regulation of professionals by the GOC, then students carrying out those activities should be regulated. In addition, it was thought that a system of student registration would help prevent students from completing their course of study and training and then being refused entry onto the full GOC register (for example, due to a previous caution or conviction).

34. Student registration was introduced in 2005 by the Opticians Act (Amendment Order) 2005. This amended the Act to require the GOC to maintain a register of students undertaking training or gaining practical experience as an optometrist or dispensing optician. We register 4,642 students.

Policy context

UK Law Commissions’ review

35. The UK Law Commissions (the Law Commission, the Scottish Law Commission and the Northern Ireland Law Commission) are currently developing their recommendations about how the law that relates to the regulation of healthcare professionals should be reformed. They are aiming to simplify and modernise the law and establish a streamlined, transparent and responsive system of regulation for healthcare professionals. The proposed structure would consist of a single Act of Parliament to provide the legal framework for health and social care regulators. This would replace all the existing governing statutes and orders.

36. In May 2012, the Law Commissions published a consultation on the future of health and social care regulation. One issue that arose was the future regulation of health and social care students. This was of particular relevance to us as we are currently the only regulator, overseen by the PSA, to have a full compulsory system of student registration.

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4 Sections 24 and 25 of the Opticians Act 1989.
5 Section 8a of the Opticians Act 1989 (Amendment Order) 2005.
6 Number as of 31 December 2012.
7 Law Commissions (2012), Regulation of health care professionals: Regulation of social care professionals in England.
37. There were two proposals in the consultation:

- Should student registration be maintained in a new legal framework?
- Should the Government be given a regulation-making power to introduce student registration?

38. In our response\(^8\), we stated that the power to introduce student registration should be retained in the new legal framework and we supported the proposal that the Government (rather than individual regulators) should be given responsibility for the activation of student regulation. We also committed to reviewing our current system of regulation to help us assess whether it would be in the public interest for this to be maintained.

39. Should we decide to change our system of student regulation, it is likely that any change would take several years to come into effect and would be linked to the Law Commissions’ review. It is likely that secondary legislation would also be necessary.

**Professional Standards Authority**

40. In 2008 the PSA provided advice on student registration to the Secretary of State for Health after consulting with regulatory bodies and other stakeholders.

41. The report stated that there was insufficient evidence to suggest that student registration was necessary to protect the public or that professional behaviour was necessarily achieved by registering students.

42. The report concluded that, on balance, there should be a stronger relationship between the education and training provider, the regulator and the student through a code of conduct and guidelines on fitness to practise.\(^9\)

43. In 2012, in their response\(^10\) to the Law Commissions’ consultation the PSA stated that: “*We do not believe that student registration is an appropriate response to any risks that might be posed by students or experienced by students of any currently regulated health professions.*”

44. In addition the risks associated with “poor performance, harm to service users, fraudulent re-enrolment and programme hopping” should be managed through “…the design and delivery of courses, including robust recruitment practices, clear admission criteria, embedding professionalism and standards of conduct throughout the course, and effective supervision. The regulator has a role in


\(^{9}\) Council for Healthcare Regulatory Excellence (2008), *Advice on student registration*.

\(^{10}\) Council for Healthcare Regulatory Excellence (2012), *CHRE response to the specific questions of the Law Commissions’ simplification review*. 
supporting education providers, through advice and guidance on standards to be met and the management of fitness to practise issues among students”.

Other health and care regulators

45. Each of the nine health and care regulators overseen by the PSA takes their own approach to regulating students.

46. Last year, the General Social Care Council (GSCC) was merged with the Health Professions Council to form the Health and Care Professions Council (HCPC). The GSCC were the only regulator other than the GOC to have a system of student registration. It operated a system of voluntary registration for social work students in England, but unlike the GOC, registration was not a legal requirement. Instead the GSCC were responsible for distributing funding for practice placements and only funded placements for students who were registered.

47. The HCPC took the view, after public consultation, not to continue with the registration of social work students. Instead it thought the most effective way of assuring the fitness to practise of students was through standards of education and training and the approval of education and training programmes. During the transition phase, a suitability scheme was set up by the HCPC to assist programme providers in ensuring only students who were fit to train were permitted to join and remain on a course.

48. Other social care regulators in Wales (the Care Council for Wales), Northern Ireland (the Northern Ireland Social Care Council) and Scotland (Scottish Social Services Council), continue to register social care students. (These regulators are not overseen by the PSA.)

49. The General Medical Council (GMC) has a system of provisional registration for doctors (Foundation year one, F1). Provisional registration allows newly qualified doctors to undertake the general clinical training they need to attain full registration. A doctor who is provisionally registered is entitled to work only in Foundation Year 1 (F1) posts in hospitals or institutions which are approved for the purpose of pre-registration service. They must not work out of the scope of their registration. They must successfully complete the F1 programme before applying for full registration with the GMC.

50. In 2012, the GMC considered the issue of student registration, looking at the options of mandatory or voluntary registration. However, they concluded that neither was necessary to ensure the promotion of professional values or to support a smoother transition to practice. They said they would continue work to strengthen engagement with medical students.11

11 http://www.gmc-uk.org/20111025_Student_registration.pdf_45213188.pdf
51. In 2012, the Nursing and Midwifery Council (NMC) dropped plans to introduce a system of student indexing. This would have involved establishing a database containing information on every student enrolled on a course. The purpose would have been to help prevent 'student hopping' whereby a student who had been dismissed from one programme applied for another. However, the NMC concluded that this approach was not an effective or proportionate way to manage the risks associated with fraudulent re-enrolment. They chose instead to focus on how standards and guidance were being applied in practice.

The Mid Staffordshire NHS Foundation Trust Review: The Francis Inquiry

52. Following serious failings at Mid-Staffordshire NHS Foundation Trust, the Government asked Sir Robert Francis QC to chair a public inquiry. The Inquiry report examined the reasons for the failings and includes a large number of recommendations that affect many areas of the NHS, some of which specifically relate to professional regulation.

53. The optical profession has a lower risk profile than those professions directly implicated by Mid-Staffs and our response to the Inquiry should be proportionate. We have reviewed both the Francis Inquiry report and the Government’s response and we will ensure recommendations are reflected in any future system of student regulation. For example, we will need to ensure that standards in education and training place sufficient emphasis on care, compassion and working with vulnerable groups; and might need to provide additional guidance on handling complaints, including those made against trainee optometrists and dispensing opticians working under supervision in an optical business or hospital setting.

Related GOC projects

54. The GOC will also be undertaking a project to ensure the GOC continues to fulfil effectively its statutory duty to set standards of conduct, competence and performance and to publish those standards in a way that ensures that registrants and the public are clear what is expected of optometrists and dispensing opticians.

55. The standards review project will establish a framework which will be used to review the GOC’s standards. The project will be looking at the codes of conduct for individual registrants and business registrants, as well as core competencies for individual registrants.

56. We are also reviewing the GOC’s current system of business regulation. A consultation on business regulation is running alongside this consultation. The purpose of the consultation is to examine whether business practices pose a risk to public safety and determine what system of business regulation, if any, is
required to ensure that the public is protected. For more information please follow the link below:

Section 2: Systems of optical education and training

57. This section outlines:

- the different activities undertaken by optometrists and dispensing opticians;
- the GOC approved education and training providers; and
- the course structure of undergraduate optometry degree (including an MOptom degree) and training courses in dispensing optics.

Course structure for student optometrists

58. Optometrists examine eyes, test sight, and prescribe spectacles or contact lenses for those who need them. They also fit spectacles or contact lenses, give advice on visual problems and detect any ocular disease or abnormality, referring the patient to a medical practitioner if necessary.

59. All optometrists must be registered with the GOC.

GOC approved education and training providers

60. As part of our role in protecting the public we approve the education and training providers offering courses in optometry that lead to full GOC registration. We have approved the undergraduate optometry degree at the following nine institutions in the UK:

- Anglia Ruskin University;
- Aston University;
- University of Bradford;
- Cardiff University;
- City University;
- Glasgow Caledonian University;
- Plymouth University;
- University of Manchester; and
- University of Ulster.

Three year undergraduate optometry degree

61. An undergraduate optometry degree in England, Wales and Northern Ireland is usually three years. On the three year undergraduate course, the first two years are largely academic with clinical activity limited to controlled laboratory sessions. Students do not generally come into contact with the public in these years, but instead practice on other students and volunteers.

62. Year three is a mixture of academic study and controlled clinical practice under supervision. Students are able to undertake the full range of clinical activities including all of the restricted functions under the Opticians Act 1989:
• testing of sight;
• fitting contact lenses; and
• dispensing to children under 16, or to the visually impaired.12

63. This can be done on real patients (who may pay for the service) under the supervision of a qualified optometrist within the university clinic. Students also do a placement in hospital with an ophthalmologist and specialist optometrists to experience more complicated cases of ocular disease.

64. Once a student has graduated, they spend their final year working in a clinical setting (an optical business or eye hospital) under the supervision of a GOC registered optometrist. Working under supervision they can undertake the full range of clinical activities as described above. This year is called the pre-registration period and is designed to help the graduate make the transition from trainee to fully qualified optometrist. On successful completion of the pre-registration scheme the trainee will be competent to practise independently.

Four year undergraduate optometry degree

65. In Scotland, students undertake a similar range of activities as described above but the programme length is four years rather than three. After graduating, they then spend their fifth year in pre-registration training.

MOptom course

66. We have also approved a four year MOptom course. This course is structured differently to the usual three year undergraduate course. The MOptom course incorporates the pre-registration training into the formal structure of the masters’ course. This means students do not undertake pre-registration training in their final year after graduating from university. Instead, their clinical experience is gained during their four year course by a combination of working in private practice for six months and at an eye hospital for six months under supervision.

Course structure for student dispensing opticians

67. A dispensing optician advises on, fits and supplies spectacles after taking account of each patient’s visual, lifestyle and vocational needs. They also play an important role in advising and dispensing low vision aids to those who are partially sighted, as well as advising on and dispensing to children (where appropriate).

68. A fully qualified dispensing optician can undertake additional specialist training to fit and supply contact lenses.

GOC approved education and training providers

69. There are six GOC approved education providers for training courses in dispensing optics. We have approved training courses in dispensing optics at the following six institutions in the UK:

- Anglia Ruskin University;
- Association of British Dispensing Opticians (ABDO);
- Bradford College;
- City University;
- City and Islington College; and
- Glasgow Caledonian University.

70. The course in dispensing optics is usually three years and there are three main ways to study:

- a two-year full time training course at a GOC-approved training institution followed by one year’s salaried work in a practice under supervision;
- a three-year day release training course with a GOC-approved training institution, combined with suitable employment; and
- a three-year distance learning course offered by a GOC-approved training institution, combined with suitable employment.

71. A student dispensing optician must be GOC registered for the duration of their education and training. Whilst in education and training dispensing opticians can, under the supervision of a GOC registrant, undertake the full range of activities including dispensing to children under 16 and to the visually impaired. 13

Conclusion

72. As part of our role in protecting the public we approve all the education and training providers that offer courses in optometry or dispensing optics that lead to full GOC registration. There are differences in the course structures offered by different universities and colleges. This has implications for the GOC in that we are keen to ensure that we have a system of student regulation that is not dependent on the current structure of education and training. Instead, we should develop a system of student regulation that is ‘future proof’ and agile enough to take account of any changes that may occur in future.

13 Section 27 of the Opticians Act 1989.
Section 3: An overview of the GOC’s current system of student regulation

73. This section outlines our current system of student regulation, which has the following elements:

- GOC approval of education and training providers;
- teaching professional conduct;
- admission onto a GOC approved optometry or dispensing optics course, which is dependent on GOC registration;
- handling complaints about students’ fitness to practise; and
- supervision of students while working in an optical business or hospital setting.

GOC approval of education and training providers

74. As part of our role in protecting the public, we regulate the provision of education and training in optometry. We do this by:

- establishing the competencies (this means the level of knowledge and skill) that must be demonstrated by students in order to qualify as an optometrist or dispensing optician; and
- approving the content and standard of education and training (including practical experience) that is required in order to meet these competencies.14

75. In order to be approved by the GOC, all education and training providers must demonstrate they are meeting the required standards of education and training. Only GOC approved education and training providers can offer courses that lead to full GOC registration.15

76. We quality assure education and training providers to assess whether they are continuing to meet our standards. We do this by carrying out a quality assurance visit and compiling a report including any recommendations for improvements. Having a robust system of quality assurance helps to ensure that there is consistency in the provision of education and training and that all students have the required level of knowledge and skill to practise safely and ultimately apply for full GOC registration.

Professional conduct and ethics

77. We set the core competencies that students must meet as part of their course. Professional conduct is a core competency and part of the core curriculum of all GOC approved education and training providers.

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14 Sections 12(1)(a) and (b) of the Opticians Act 1989.
15 Sections 12(6) and (7) of the Opticians Act 1989.
78. This means all student optometrists and dispensing opticians are taught professional conduct as part of their course and must demonstrate, for example, that they know how to:

- communicate effectively with patients (taking into account cultural/social/physical differences);
- make a patient feel safe and at ease; and
- take a structured, efficient and accurate patient history.

79. Students also learn about the GOC’s *Code of Conduct for individual registrants*, which outlines the key principles of good practice and professional conduct. Please use the following link:


**Admission onto a GOC approved optometry or dispensing optics course**

80. All students must apply to a GOC approved education or training provider offering a course in optometry or dispensing optics. In addition to fulfilling the education and training provider’s admission criteria, all students must be registered with the GOC before being admitted onto a course.

**GOC registration**

81. The annual GOC registration fee is £20. Students must pay this before the beginning of each registration year (1 September).

82. The education providers must ensure that all students enrolled on their course are GOC registered. They do this by providing us with a class list (which identifies all the students enrolled on their course). We are then able to check this list against the GOC register and identify any discrepancies. We inform the provider of any discrepancies and they then follow up with the relevant student(s). In most cases either the student will pay the GOC registration fee or they will be removed from the course.

83. If a student is not registered with the GOC while undergoing their training:

- they will be breaking the law;
- they may not be allowed to sit assessments, participate in clinics or training; and
- they may not be able to advance to professional practice.

**Declarations required by students**

84. When applying for GOC registration students are required to self-declare any issues that might impair their fitness to practise and ultimately their ability to obtain full GOC registration. These include:
• any criminal convictions or cautions;
• any adverse findings or current investigations by the GOC or any other body which regulates a health or social care profession either in the UK or abroad; and
• any mental or physical health conditions which a reasonable person would think might impair their fitness to undertake training.

Disclosure and Barring Service checks and disclosure

85. We do not require either full GOC registrants or students to undergo a Disclosure and Barring Service (DBS) check as part of the registration process (a Disclosure check in Scotland and Northern Ireland). Some education and training providers require this as part of their own admissions process.

GOC guidance for students with health conditions and/or disabilities

86. We already provide guidance for students with health conditions and/or disabilities. Some education providers also have their own guidance or refer students to their disability or admissions service to provide advice and practical support.

87. Our guidance recommends the steps students should take if they have a disability or health condition which could impact their fitness to train and ultimately gain full GOC registration. All students, including those with a health condition and/or disability, must be able to meet the core competencies at the end of their training to demonstrate they are fit to practise. However, students should be offered appropriate adjustments by their education and training provider, where possible, to enable them to undertake the course.

GOC’s Registration Appeals Committee

88. If we refuse an application for registration from a student then they can appeal to the Registration Appeals Committee. In 2012, six cases involving students were referred to the Committee.

Student fitness to practise

89. We describe ‘fitness to practise’ as when GOC registrants meet the standards of health, character, knowledge, skill and behaviour that are necessary for them to do their job safely and effectively.17

90. Student optometrists and student dispensing opticians must be ‘fit to undertake training’.18 This is because while in education and training they cannot be ‘fit to

17General Optical Council, ‘What happens if a complaint is made about me: information for registrants’
18Section 13(a) of the Opticians Act 1989.
practise’ in the same way as fully-qualified registrants as they are still developing their skills and knowledge in order to be able to practise safely and effectively. However, for simplicity we have referred throughout this document to students’ ‘fitness to practise’ as opposed to students’ ‘fitness to undertake training’.

91. As students are required to register with the GOC they are subject to our formal Fitness to Practise process, just as full GOC registrants are. However, some larger education and training providers have their own internal disciplinary processes too. For example, universities that offer a range of healthcare courses are likely to have their own internal disciplinary or fitness to practise committees. This means that in the first instance they may deal with complaints made against students, particularly less serious complaints, without referring cases to the GOC.

92. Some smaller education and training providers do not have their own internal disciplinary processes, for example, colleges that specialise in offering courses for dispensing opticians. In this case complaints will usually be referred straight to the GOC.

93. In relation to complaints referred to the GOC, we deal with complaints about students in the same way as complaints against full GOC registrants. This means all complaints are dealt with first by the Investigation Committee, who consider the complaint and decide what action to take, which may include:

- taking no further action;
- asking for further investigation to be carried out;
- giving the registrant a warning;
- providing the registrant with a letter of advice; or
- referring an allegation to the Fitness to Practise Committee.

94. Section 4 provides some analysis of the number and types of complaints we receive about students.

Supervision of students

95. All student optometrists and student dispensing opticians are required to spend part of their course working under supervision of a GOC registrant in an optical business or hospital setting.

96. Student optometrists can work in a hospital setting and in an optical business, whereas student dispensing opticians only work in an optical business as part of their practical training.
**GOC and the accredited qualification bodies**

97. The GOC delegates responsibility for the operation of supervision to the accredited qualification bodies offering schemes for registration. Currently these bodies are the College of Optometrists, the Association of British Dispensing Opticians (ABDO) and the University of Manchester.

98. These providers produce guidelines and outline the terms and conditions of supervision to help ensure that the optical business, supervisor and student are all aware of their responsibilities.

99. The accredited qualification bodies are responsible for the assessment and examination of student optometrist and dispensing opticians.

**GOC registered supervisors**

100. All supervisors must be GOC registered and have practised for at least two years before being able to supervise a student.

101. Supervisors must ensure that their indemnity insurance covers the student they are supervising. Both the student and the GOC registered supervisor are potentially subject to the GOC’s Fitness to Practise process.

102. ‘Supervision’ means that the supervisor must be on the same premises as the student they are supervising, in a position to intervene at any time and to exercise their clinical judgement if required. On the premises means that the supervisor must be in the same building as the trainee and if the practice is spread over two buildings then the supervisor must be in the same building as the trainee. If the supervisor has to leave the premises temporarily or is temporarily absent (for example on holiday or ill) it is their responsibility to ensure another registered optometrist or dispensing optician can provide the required supervision.

103. The supervisor will use their professional judgement as to the degree of supervision required, taking into account the trainee’s experience and the task they are undertaking, along with any guidance from the accredited qualification bodies.

**Optical businesses**

104. Many optical businesses implement their own internal policies and procedures to ensure there is an effective environment for supervision. The GOC’s *Code of Conduct for business registrants* does not explicitly refer to the supervision of students.

105. As a result of our review of business regulation, we may decide that it is appropriate to require all businesses to register with us and to enhance the Code by explicitly requiring registered businesses to ensure that their
employees are able to carry out supervision effectively. This issue is explored in our consultation on business regulation (referred to in paragraph 56). In summary, our research suggests that there are could be risks to the public arising from the way that businesses are run which cannot be adequately addressed through the Code of Conduct for individual registrants. For example, an individual optometrist might be required by his employer to work in a way that is incompatible with supervising a student properly.

Conclusion

106. Our current system of student regulation involves a number of mechanisms and parties working together to help manage the risks that students pose to the public whilst in education and training. There is a degree of overlap and inconsistency in the roles of the GOC and education and training providers which is a direct result of having a system of student registration. For example, both the GOC and providers have a role in decisions relating to a student’s admission onto a course and both play a role in dealing with complaints made against students. This raises the questions of whether the current system of regulation is in line with the principles of ‘right touch’ regulation. Arguably, student registration requires a disproportionate amount of regulatory force and requires the regulator to intervene in decisions that could be dealt with effectively at a local level.
Section 4: Risks associated with student optometrists and dispensing opticians

107. In this section we examine the risks associated with student optometrists and dispensing opticians. In order to do so, we consider:

- the risks associated with the optical profession;
- the differences in risk between student optometrists and student dispensing opticians; and
- GOC fitness to practise and registration data in relation to student optometrists and student dispensing opticians.

Risks associated with the optical profession

108. Optometry is relatively low risk compared with some other health professions, such as medicine or dentistry. In terms of specific risks to patients and the public, research commissioned by the GOC in 2010 did not identify any major risks. The types of risk identified were related to practitioners not conducting all appropriate eye health tests or not eliciting full patient symptoms, and issues around communication. There was no evidence of a high risk to patients as a result of gross mismanagement or misdiagnosis of eye health conditions.

109. The research did identify that there were some clinical areas that should receive more attention through continuing education and training. These are areas where a high clinical risk is combined with some degree of practitioner risk. These include glaucoma, retinal detachments, macular degeneration and diabetic eye conditions.

110. There are also a number of lesser risks that involve both a lower clinical and practitioner risk. These include contact lens fitting, child care and communication skills.

111. Finally, no contextual factors were identified in the research as creating a particularly high risk to patients, although there is some risk associated with isolated or disengaged practitioners, especially those who have been qualified for a long time.\(^1\)

Differences in risk between student optometrists and student dispensing opticians

112. There are differences between the types of activities undertaken by student optometrist and student dispensing opticians and the point at which they come into contact with the public. The table below shows the types of activities that each can undertake and the point at which they come into contact with the public whilst working in an optical business.

\(^1\) General Optical Council (2010), Risks into the Optical Profession.
113. From looking at the information in Table 1, we can see that student dispensing opticians come into contact with members of the public at a much earlier stage in their training than student optometrists, but present a lower risk of harm to the public by the nature of the activities they are allowed to undertake.

**Table 1: A summary of regulated activities undertaken by student optometrists and dispensing opticians**

<table>
<thead>
<tr>
<th>Regulated activities</th>
<th>Contact with public</th>
<th>Risk of harm to the public</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student optometrists</strong></td>
<td>Testing of sight; Contact lens fitting; and Dispensing to children under 16, or to the visually impaired.</td>
<td>Usually year four (in Scotland year five). For a MOptom course it is usually year three.</td>
</tr>
<tr>
<td><strong>Student dispensing opticians</strong></td>
<td>Dispensing to children under 16, or to the visually impaired.</td>
<td>Potentially from day one of their course.</td>
</tr>
</tbody>
</table>

**GOC data about student optometrists and student dispensing opticians**

114. This section looks at GOC data to better understand the type and number of complaints we receive about students. This section looks at:

- GOC registration data for students;
- GOC fitness to practise data for students including:
  - GOC investigation data;
  - GOC fitness to practise cases; and

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21 Section 27 of the Opticians Act 1989.
GOC cases involving students and their GOC registered supervisor.

**GOC registration data for students**

115. One of the original reasons for introducing a system of student registration was to avoid situations whereby students who are not fit to practise are allowed onto a course, then complete their course of study and training only to be refused entry onto the full register.

116. Obviously, issues can still arise during student’s education and training that may affect their ability to gain full registration but the number of students who are refused entry onto the GOC’s full register is low, for example:

- in 2012/13 we refused eight applications;
- in 2011/12 we refused two applications; and
- in 2010/11 we refused six applications.

117. In most cases refusals were due to on-going investigations relating to fitness to practise issues.

**GOC fitness to practise data for students: number of complaints against students**

118. All students are required to register with the GOC which means they are subject to our Fitness to Practise process, just as full GOC registrants are. All the complaints we receive about students are investigated by the Investigation Committee, with more serious cases being referred to the Fitness to Practise Committee.

119. By looking at our data over the last four years, we can conclude that we receive a relatively small number of cases about students. Table 2 shows the number of cases involving student optometrists and dispensing opticians that were considered by the GOC’s Investigation Committee and Fitness to Practise Committee from 2009 to 2012.

120. As a percentage of the total student population, only around 0.5% of students were referred to the GOC’s Investigation Committee between 2009 and 2012.

**Table 2: Number of cases heard by the GOC’s Investigation Committee and Fitness to Practise Committee**

<table>
<thead>
<tr>
<th>Year</th>
<th>Investigation Committee</th>
<th>Fitness to Practise Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>2011</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>2010</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>2009</td>
<td>29</td>
<td>8</td>
</tr>
</tbody>
</table>
121. In relation to the outcome of cases heard by the Fitness to Practise Committee:

- in 2012 all four cases found that the defendant’s fitness to practise was impaired. Three cases resulted in a suspension order for the student and one case resulted in erasure from the GOC register; and
- in 2011, two cases found that the defendant’s fitness to practise was not impaired. The other two cases found that the defendant’s fitness to practise was impaired with one case resulting in a suspension order and one case resulting in erasure from the GOC register.

**GOC fitness to practise data for students: types of complaints made against students**

122. We have also looked at the types of complaints we receive about students to help identify the most common complaints and where the greatest risk might lie. Tables 3 and 4 below outline the types of complaints that were made against student optometrists and student dispensing opticians between 2009 and 2012.

123. From looking at the data, the most common type of complaint about both student optometrists and student dispensing opticians relates to cautions and/or convictions and failure to declare those offences. For example, there were a total of 18 such complaints about student optometrists and 13 complaints about student dispensing opticians between 2009 and 2012.

124. The specific nature of these offences included drink driving and driving offences (which were the most common), possession of drugs, vandalism and common assault. The most common outcome at Investigation Committee stage for these types of cases was either no further action with advice, or a warning.

**Table 3: Allegations against student optometrists 2009 - 2012**

<table>
<thead>
<tr>
<th>Category of complaint</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caution/conviction</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Caution/conviction and failure to declare</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Clinical</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Exam/qualification fraud</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Undertaking restricted activities</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Theft</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ill health</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Failure to declare to GOC</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
**Table 4: Allegations against student dispensing opticians 2009-2012**

<table>
<thead>
<tr>
<th>Category of complaint</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caution/conviction</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Caution/conviction and failure to declare</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Clinical</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Exam/qualification fraud</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Undertaking restricted activities</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Theft</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Ill health</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other fraud</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**GOC data involving students and their supervisor**

125. This section looks at GOC complaints data involving students and their GOC registered supervisors to help understand if our current system of supervision works well in managing the risk that students potentially pose to the public.

126. The data we have on complaints made against students and their supervisors suggested that our current system of supervision works well in managing these risks. Between 2009 and 2012 there were 12 complaints against trainee optometrists and their supervisor, which had the following outcomes:

- in eight cases there was no further action taken against the supervisor;
- one case resulted in a warning for the supervisor at the Investigation Committee stage;
- one case resulted in the investigation against the supervisor being terminated by the Investigation Committee;
- in two cases the supervisor was referred to the Fitness to Practise Committee:
  - one of the cases resulted in a warning; and
  - one case is yet to be heard.

127. We can conclude that we have received a relatively small number of complaints over the last four years involving students and their supervisor, on average around three a year.

**Conclusion**

128. By analysing GOC fitness to practise data we can conclude that we have received a very small number of complaints involving student optometrists and dispensing opticians, on average, around 20 cases a year. As a percentage of
the total student population, approximately 0.5% of students had complaints about them referred to the GOC’s Investigation Committee.

129. The most common types of complaints related to cautions or convictions and/or failure to declare these. The most common outcome at the Investigation Committee stage was either no further action (including advice) or a warning.

130. The number of cases that are deemed serious enough to be referred to the GOC’s Fitness to Practise Committee is even smaller. On average, the Committee deals with seven such cases a year, representing approximately 0.2% of the total student population.

131. This suggests that if in future fitness to practise issues were dealt with by education and training providers it would be a relatively small burden based on the number of cases referred to the GOC. For example, on average we receive around 20 complaints a year so the education and training providers would each deal with around one case per year.

132. Analysis of the data we have on complaints made against students and their GOC registered supervisor suggests that our current system of supervision works well in managing any risks to the public. For example, between 2009 and 2012, there were only 12 complaints about trainee optometrists and their supervisor.
Section 5: Alternative approaches to student regulation

133. This section looks at how our current system of student regulation works in comparison with the other health and care regulators overseen by the PSA. We explain how different regulators approach the following issues:

- setting standards and approving education and training providers;
- professional conduct and ethics;
- admissions;
- student fitness to practise; and
- supervision of students and trainees working with the public.

Setting standards and approving education and training providers

134. Most health and care regulators take the view that regulating the provision of education and training is a more effective and proportionate way to protect the public than requiring students to register with them. This ensures that only ‘approved’ providers can offer courses that lead to full registration and that students on the course have the required level of knowledge and skill to apply for full registration on completion of their course.

135. Other regulators, such as the GMC\textsuperscript{22}, HCPC\textsuperscript{23}, General Pharmaceutical Council (GPhC)\textsuperscript{24}, issue guidance for education and training providers outlining the standards that must be met. Compliance is usually assessed and evaluated through a system of quality assurance. For example, the GPhC requires evidence that fitness to practise policies are in place in order for providers to be able to meet their standard relating to patient and public safety.\textsuperscript{25}

136. We already set standards in education and training and have a system of quality assurance in place. However, removing student registration would mean we would need to set new standards and issue new guidance on admissions and fitness to practise. We would need to enhance our current system of quality assurance to reflect this.

137. Following their decision not to continue with the registration of social work students, the HCPC introduced a suitability scheme to deal with concerns raised about social work students in England.\textsuperscript{26} At the time they acknowledged that education providers, employers and placement providers would face additional challenges during the transition to the new system of quality assurance, particularly in implementing disciplinary processes.

\textsuperscript{22} General Medical Council (2009), Tomorrow’s Doctors.
\textsuperscript{23} Health and Care Professions Council (2012), Your duties as an education provider: standards of education and training guidance.
\textsuperscript{24} General Pharmaceutical Council (2011), Future Pharmacists: standards for the initial education and training of pharmacists.
\textsuperscript{25} ibid
\textsuperscript{26} \url{http://www.hpc-uk.org/education/studentssuitability/}
Professional conduct and ethics

138. Professionalism is not necessarily achieved by registering students. Instead many of the other regulators view the teaching of professional conduct and ethics as a more effective way of ensuring a student is fit to practise. By embedding professional conduct and ethics in the curriculum and teaching these modules consistently throughout the course of study, students should understand what is expected of them as future registrants.

139. Some regulators are currently looking at ways in which they might be able to strengthen their engagement with students so they are aware of the role of the professional regulator and their future duties as registrants.

Admissions

140. The other regulators generally set standards for admissions and issue guidance on how these standards can be met. They assess compliance against these standards through their quality assurance process. Unlike the GOC, they do not intervene directly in the selection of students or assess individual applications.

141. The GMC stated, in their response to the Law Commission consultation that: “Regulators should not have a direct role in the selection of individuals into undergraduate training. This would duplicate and usurp the roles of undergraduate educational institutions. It is also important to be clear that the individuals concerned would not at that stage be regulated professionals and so intervention by the regulator would be inappropriate.”

Disclosure and Barring Service checks and disclosure

142. There is no consistent approach as to whether DBS or disclosure checks are required. Some of the regulatory guidance, for example the HCPC guidance, states that the provider’s admission procedures should include a criminal conviction check.

Student fitness to practise

143. The PSA’s suggested approach to dealing with student fitness to practise issues is for the higher education providers to establish fitness to practise committees in line with guidance issued by the regulatory body.

144. This approach is adopted by the other health and care regulators. In the main, student fitness to practise matters are dealt with by the ‘approved’ education and training providers. However, disciplinary matters can also involve the

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27 General Medical Council (2012), Response to the Law Commission Consultation: Regulation of health care professionals; regulation of social care professionals in England.
28 Health and Care Professions Council (2012), Your duties as an education provider: standards of education and training guidance.
29 Council for Healthcare Regulatory Excellence (2008), Advice on student registration.
student’s employer or contractor when part of their training is spent working directly with the public.

145. Other regulators take the view that, as students are not fully qualified and not yet part of the profession, it is disproportionate to treat them as such by subjecting them to a regulator’s formal fitness to practise process.

**Fitness to practise guidance**

146. The other regulators have an important role in setting standards and issuing fitness to practise guidance. Through their systems of quality assurance they then assess the education and training providers to ensure there are effective policies and processes in place. Research undertaken by the HCPC \(^{30}\) concludes that there is considerable similarity between the student fitness to practise guidance of some of the regulators (General Dental Council (GDC), GMC, General Osteopathic Council (GOsC) and GPhC). For example, most of the guidance contains information on:

- the professional behaviour linked to registrant requirements (for example, respect, honesty and trustworthiness);
- the regulator’s role in relation to student fitness to practise arrangements (for example, health and fitness to practise, specific fitness to practise requirements made by the regulator, requirements on disclosure of fitness to practise when an individual seeks to join the register);
- the threshold of student fitness to practise (for example, defining the threshold and categories of concern); and
- aspects of the student fitness to practise procedure (for example, the fitness to practise panel, outcomes, appeals, timescales and hearings).

**Assessing a student’s fitness to practise**

147. Many of the regulators assess a student’s fitness to practise at the point of applying for full registration. Each regulator has their own approach, although there is usually a degree of flexibility in how individual cases are assessed. Some of the information required by the regulator, includes:

- evidence that the student has successfully completed their course of study and training;
- a declaration in relation to any issues that might affect their fitness to practise (for example health related issues, or cautions/convictions);
- a disclosure check;
- a reference of good character (for example, from the education provider);
- disclosure of any fitness to practise proceedings and any sanctions; and

\(^{30}\) The Health Professions Council (2012), *Student Fitness to Practise and Student Registration: A literature review*. 30
• information on any remedial action taken by the student as a result of any fitness to practise proceedings.

Fitness to practise data

148. There is no consistent approach to collecting fitness to practise data on students.\(^3\) Some regulators do not receive any notification about fitness to practise cases or sanctions, whereas other regulators may request information on fitness to practise sanctions either during the training course or before registration. Many regulators gain an insight about disciplinary and fitness to practise matters through their process of quality assuring the education provider. This can help highlight any issues and to improve standards in education and training.

Supervision of students and trainees

149. Due to the different course structures and different risks and activities undertaken by health and care students, we have not provided a systematic analysis of the different systems of supervision.

150. However, all health and care students spend part of their training working directly with the public. This is an important part of their training but it is also where the greatest risk of harm to the public can occur. Although it is not possible to eliminate every risk, an effective system of supervision should ensure these risks are well managed and minimised.

Conclusion

151. There has been some debate over recent years on the most effective and proportionate way to regulate students. Student registration is not viewed as an effective or proportionate way of achieving public protection by the other health and care regulators overseen by the PSA.

152. The differences in approach are partly attributable to how regulators view their relationship with students as opposed to fully qualified, fit to practise, healthcare professionals. This is summed up the PSA in their response to the Law Commissions’ consultation: “By definition, students are not fit to practise: they are aspiring professionals rather than full members of the profession. Given this, it is not appropriate to consider that the same regulatory approach is necessary during training as that which is used to manage the risks to public protection posed by fully qualified and registered professionals and other options should be actively explored.”\(^3\)

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\(^3\) Professional Standards Authority (2010), *Student Fitness to practise: Should the regulators receive every outcome?*

\(^3\) Ibid
153. We require both students and fully qualified professionals to register with us. This results in us having a similar degree of regulatory control over students as we do over full registrants; for example, both are subject to our fitness to practise process. Moreover, we are directly involved in decisions relating to a student's admission onto a course.

154. This approach is unique and not shared by the other regulators who believe that most issues regarding students are more effectively and proportionately dealt with at a local level by the education and training provider. As a result they do not invoke the same degree of direct regulatory control over students; for example, they do not play a direct role in the selection of students or deal with complaints made against students. Instead, their regulatory duties encompass setting standards, issuing guidance, and quality assuring the provision of education and training.

155. The GMC are the only regulator to operate a system of provisional registration. The level of risk involved in medicine and the nature and range of clinical activities undertaken by junior doctors is significantly different to that of student optometrists and dispensing opticians.

156. Should we decide to adopt a different model of student regulation, we would seek to learn from areas of good practice adopted by the other regulators, for example in developing fitness to practise guidance.
Section 6: Impact assessment

Introduction

157. This section of the consultation document assesses the impact of three potential models of student regulation. It has been prepared with reference to the GOC’s consultation framework which specifies that an impact assessment should be carried out together with a consultation.

158. We have considered the principles of good regulation in developing this consultation and undertaking this initial impact assessment. In our impact assessment, we assess whether each option is proportionate, targeted and transparent. More broadly as a regulator we aim to be consistent, accountable and agile in our approach to regulation and the decisions we make; we have applied these principles throughout the process of developing these options and consulting on them.

159. In this context we interpret agility to mean implementing a system of student regulation that is ‘future proof’ and flexible enough to accommodate developments in education and training, including new course structures.

160. Our policy objective is to minimise the risk of harm to patients and the public associated with student optometrists and student dispensing opticians. We have identified three policy options that might enable us to achieve this objective:

- **Option 1** – Retaining the existing model of student regulation;
- **Option 2** – A system of student regulation without student registration; and
- **Option 3** – Provisional GOC registration for student optometrists in their pre-registration training.

161. We have considered the likely effects of the policy options on different categories of stakeholder and on the GOC. We have also considered the impact of these options on the devolved nations. The following categories of groups will potentially be impacted by these proposals:

- patients and members of the public;
- students;
- education providers;
- professional bodies; and
- optical businesses.

162. This section also includes an assessment of whether any of the options raise particular equality and diversity issues.

163. This impact assessment is an initial impact assessment and we will finalise it in the light of the consultation responses and the further evidence we gather.
164. We have not included detailed information about financial costs in this section, but have provided an assessment of whether the anticipated costs would be low, medium or high, or whether there would be likely to be a saving.

Methodology

165. There are a number of methodological considerations to take into account when conducting an impact assessment.

**Analysing the costs and benefits**

166. When consulting on policy options we will include an initial impact assessment which focuses on the ‘options stage’ as identified by the Department for Business Innovation and Skills ‘Impact Assessment Toolkit’. This impact assessment:

- identifies the options that may address the policy challenge;
- includes a qualitative discussion of the costs and benefits associated with each model; and
- makes an initial estimate of the costs and benefits associated with each of the different options to the extent that it is possible or proportionate to do so.

167. Choosing the best option will involve an assessment of the costs and benefits which would flow from the options selected, although this will generally inform rather than determine our decision. There are two main reasons for this. Firstly, fulfilling our statutory duties may involve taking account of issues that would fall outside a narrow consideration of costs and benefits. Secondly, it will often be difficult to quantify all the costs and benefits, in which case, it may be hard to identify which option has the highest net benefit and choose an option solely on that basis. (The option with the highest net benefit provides the most benefit, taking into account the costs. If two options have the same net benefit but one has much higher costs, it is likely that we would choose the one with lower costs.)

168. We will describe the costs and benefits qualitatively, making clear who bears the costs and who receives the benefits. Benefits in particular can be hard to quantify as they tend to be more uncertain and are often spread across many members of the public.

169. In analysing costs and benefits we will apply the principle of proportionality, which means it will often be proportionate to focus on the most significant costs and benefits rather than costs and benefits which are relatively minor.

170. It is also important to consider the risks relating to particular options, such as the risk that the intended impact would not be achieved or would be delayed by problems with implementation. An option which has a high net benefit, but which carries a high risk, might be less attractive than a lower risk option.
which has a lower net benefit. The degree of risk will be influenced by the likelihood of it occurring and the extent to which it may be possible to mitigate the risk.

171. A related issue is that of possible unintended consequences. In selecting and assessing the different options, our aim will be to think widely about the possible impacts, taking account of possible knock-on effects across the optical sector. By doing so, we will seek to minimise any unintended consequences. But it is important to be alive to the possibility that they may occur.

172. We should also consider the risk of non-compliance with our decision. Our assessment of the costs and benefits that would flow from an option should therefore be based on a realistic level of likely compliance. This will involve exploring the incentives to comply, whether compliance will be practically possible and the costs of enforcement.

173. The distributional impacts which the different options would have should also be taken into account. A distributional impact is an impact which is transferred rather than being additional, for example, a policy might benefit vulnerable patients at the expense of other patients, while the net benefit remains the same. Clearly this would be a relevant consideration even though it would not be revealed by a narrow analysis of the costs and benefits.

**Counterfactual**

174. An important part of the analysis is identifying the extent to which the options will bring about additional costs and benefits compared with what would otherwise take place. This is achieved by developing a counterfactual, which is a benchmark situation against which to measure the impact of regulatory changes. The counterfactual seeks to take into account both the current situation and likely future developments.

**Costs**

175. The magnitude and nature of the costs will vary according to each policy option. As we have yet to develop the exact details of each of the options we provide a qualitative discussion of the costs in this section which relies on making assumptions about the details of the options. We have made an initial estimate of the costs which the GOC incurs in relation to student regulation. However we will undertake further analysis to calculate the costs more precisely.

176. The main types of costs associated with the options relate to:

- initial implementation costs that might be incurred by the GOC, education and training providers, professional bodies and optical businesses; and
on-going administrative costs that might be incurred by the GOC, education and training providers, professional bodies and optical businesses.

Benefits

177. The benefits of the options will result from addressing the specific risks identified. Our analysis is focused on how effective each option is in addressing these risks. Benefits could fall into the following categories:

- increased levels of health and safety for patients and members of the public;
- complaints about students are dealt with in a more timely and effective way; and
- clearer roles and responsibilities for education providers and optical businesses.

Wider impacts

178. We also consider the wider impacts of the options. These include:

- weaknesses of the policy options that may increase the costs or reduce the benefits;
- wider advantages or disadvantages that may occur; and
- the extent to which the options are in line with the principles of good regulation.
**Option 1: Retaining the existing model of student regulation**

179. Under this option we would maintain the current system of student regulation as outlined in Section 3 (An overview of the GOC’s current system of student regulation). This includes maintaining a full compulsory system of student registration for student optometrists and student dispensing opticians.

180. As a result of other GOC projects underway (a consultation on business regulation and our GOC standards review), our current system of supervision could be enhanced by:

- including a specific provision in the GOC’s *Code of Conduct for business registrants* to require employers to ensure effective supervision of students; and
- requiring all optical businesses carrying out restricted functions to register, which would give us a greater ability to ensure a consistent approach to supervision of students (and other employees).

181. If proposed, any such changes would be subject to consultation and, in the case of extending registration to all businesses carrying out restricted functions, also to legislative change. So in analysing this option we have assumed that the system for business regulation and the *Code of Conduct for business registrants* will be unchanged.

**Costs**

182. The following costs are associated with the current system, although at this stage we have only been able to make an initial estimate of the GOC’s costs:

- the GOC’s total costs in relation to student regulation are approximately £550,000. This includes the costs of registration, fitness to practise and hearings; and
- the costs incurred by the education and training providers in checking that students enrolled on their course are registered with the GOC. Any additional costs resulting from students who are not GOC registered.

**Benefits**

183. There is insufficient evidence to suggest that student registration effectively protects the public against any risk of harm that students pose. However, other aspects of the current system are effective in protecting the public for example, quality assuring education and training providers, admissions, supervision, teaching professional conduct and fitness to practise procedures.

184. There would be other benefits in maintaining the current system in that:
smaller education providers would not need to have their own fitness to
practise processes; and
• any uncertainty, risks or costs related to changing the model would be
avoided.

185. There are also some perceived benefits of having a full system of student
registration which are discussed in more detail below:

• there is consistency in the outcome of complaints against students that are
referred to the GOC. However, not all complaints are referred to the GOC. As
explained previously some universities already have their own internal
disciplinary or fitness to practise committees. This means that in the first
instance they may deal with complaints made against students, particularly
lesser serious complaints, without referring cases to the GOC; and

• one of the original reasons for introducing student registration was to
prevent situations whereby students complete their course of study and
training and are then refused entry onto the full GOC register. However, we
still refuse a small number of applications at the point of full registration
largely as a result of on-going investigations relating to fitness to practise
issues.

Wider impacts

186. This option is not consistent with the PSA’s principles of good regulation
because student registration results in a disproportionate amount of regulatory
force as the regulator intervenes in decisions relating to admissions and
complaints that could be more effectively dealt with at a local level. Moreover,
this also results in a lack of clarity and possible duplication of the roles and
responsibilities of the regulator as opposed to the colleges and universities.

187. This option is inconsistent with current regulatory thinking and the approaches
to student regulation taken by other regulators and the PSA. Although some
regulators have reviewed their approach to student regulation, none have
decided to adopt a full compulsory system of student registration. Last year the
HCPC decided to remove student registration for social work students in
England and the NMC dropped plans to introduce a system of student indexing.

188. There is insufficient evidence to support an argument that achieving
professional behaviour can be best achieved through the registration of
students. Instead it is widely agreed that professional behaviour can be instilled
in students by embedding professional conduct modules in the curriculum and
by the regulator actively engaging with students.

189. If the Law Commissions propose to Government that in future the power to
activate student registration should lie with the Government (not individual
regulators), this would probably mean that if we wished to maintain our current system of full student registration we would have to fulfil certain criteria and present to the Government a strong case based on sound evidence.

Summary

190. There is insufficient evidence that student registration effectively protects the public or helps instil professional values in students. However, other aspects of the current system do achieve effective public protection.

191. This system imposes significant costs to the GOC, with an initial estimated cost of approximately £550,000 per annum. Costs are also incurred by education and training providers.

192. This option is arguably inconsistent with ‘right touch’ regulation and the approaches taken by the other health and care regulators overseen by the PSA. Operating such a system could be seen as involving a disproportionate use of regulatory force and requires the GOC to intervene in decisions which could be dealt with more effectively at a local level.

<table>
<thead>
<tr>
<th>Costs</th>
<th>High for the GOC in dealing with student fitness to practise cases and processing student applications.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>There is insufficient evidence that student registration is necessary to protect the public but other aspects of the current regulatory system do work effectively in protecting the public.</td>
</tr>
<tr>
<td>Wider impacts</td>
<td>Inconsistent with ‘right touch’ regulation and the current regulatory thinking around student regulation.</td>
</tr>
<tr>
<td>Proportionate</td>
<td>No, student registration requires a disproportionate use of regulatory force in seeking to achieve the policy objective.</td>
</tr>
<tr>
<td>Targeted</td>
<td>No, a full compulsory system of registration does not take account of the differences in risk between student optometrists and dispensing opticians or the points at which they come into contact with the public.</td>
</tr>
<tr>
<td>Transparent</td>
<td>Yes - the GOC holds a central register of all students enrolled on a GOC approved course. The requirements for GOC registration are clear.</td>
</tr>
</tbody>
</table>

Questions

Q1. What are your views on whether we should maintain our current system of full compulsory student registration for student optometrists and student dispensing opticians?
Q2. What are the advantages and disadvantages of the current system of student regulation?

Q3. Does student registration effectively protect the public against any possible risk of harm? Please provide supporting evidence where possible.

Q4. Are there any other costs (including implementation or on-going costs) or benefits associated with this model that we have not identified? Please provide supporting evidence where possible.

Q5. How effective are the current supervision arrangements in mitigating the potential risk of harm to the public by student optometrists and student dispensing opticians?
Option 2: A system of student regulation without student registration

A new system of GOC student regulation

New GOC standards and guidance

193. In this option, we would set new standards for education and training providers on admissions and student fitness to practise. This would be in addition to the standards we already set for education. This means that responsibility for admissions and fitness to practise would lie with education and training providers.

194. We would issue new guidance to assist providers on how to meet our standards and ensure that they have robust admission and fitness to practise policies and processes. Further consultation would be necessary in terms of the specific details of new GOC guidance, for example, whether admissions guidance might include requiring students to undergo a DBS or disclosure check.

195. Future GOC guidance might also include information for providers on equality and diversity policies, for example they would need to demonstrate that have policies in place to assist students with disability and/or health related issues. We understand that some providers already have such policies in place and we would seek to learn from established good practice.

Quality assurance

196. Our current system of quality assurance would need to be enhanced to include an assessment and evaluation of admission and fitness to practise policies and processes. In this way, we would assure ourselves that the providers are able to effectively deal with decisions at a local level and students enrolled on a course should be fit to practise at the point of applying for full GOC registration.

Fitness to Practise

197. Due to the current structure of undergraduate optometry courses, trainee optometrists who graduated from a three year course (four years in Scotland) and undertake pre-registration training would be subject to their employer’s internal disciplinary processes. Having graduated, they would no longer be subject to the university or college disciplinary processes.

198. We understand that a large majority of student optometrists undertake the pre-registration scheme with one of the large multiple optical businesses. We would therefore expect that the employer would already have their own internal disciplinary processes to deal with complaints made against any member of staff.
199. Student optometrists on the four year MOptom course would be subject to the university’s fitness to practise process as they do not undertake the pre-registration training scheme.

**Professional conduct**

200. We already set standards in education to help ensure that students learn about professional conduct and ethics. If we decided to remove registration we would need to ensure that students learn about the role of the professional regulator and the standards that are expected of them throughout their course of study and training. This is even more important following the Francis Inquiry, particularly in relation to ensuring that students are taught about working with more vulnerable groups. Should this option be taken forward, we would explore ways to effectively engage with students for example by developing an e-bulletin for students.

**Supervision**

201. As stated in paragraph 180 (in option 1), we may decide to strengthen our current system of supervision. However, this would be subject to consultation and legislative change and so we have not assumed any change in our analysis of this option.

**Transitional phase and further consultation**

202. This option is our preferred model of student regulation. Under this option we would remove the current system of full compulsory GOC registration for student optometrists and student dispensing opticians. We believe that it is possible to manage the risks that students potentially pose to the public in a more effective and proportionate way.

203. Should this option be adopted we would provide support to education and training providers during a transitional period to help them meet these new standards and implement new policies and processes. We would also envisage a significant implementation period. During this time we would seek to carry out further consultation with stakeholders regarding the specific details of implementation.

**Costs**

204. We are conscious that this preferred model of regulation would result in different parties taking on new responsibilities. For some smaller education and training providers we appreciate that this might be more burdensome in the short run as new processes would have to be established.
205. In relation to implementation costs, this option would involve some initial low costs to the GOC, education and training providers and to a lesser degree optical businesses. However, by removing student registration there would be some significant cost savings.

**Initial implementation costs**

206. There would be low initial implementation costs associated with this option.

- **GOC:**
  - a one off cost in revising standards and issuing new GOC guidance for education and training providers on admissions and fitness to practise.

- **Education and training providers:**
  - a one off cost in establishing new fitness to practise processes in line with new GOC guidance and standards. This cost would not be incurred by all providers as some already have their own internal disciplinary or fitness to practise processes. However, we acknowledge that some small providers do not currently tend to have formal disciplinary processes in place and would require support to implement any new processes; and
  - a one off cost for education and training providers in changing their admission procedure to ensure it is in line with new GOC guidance and standards.

- **Employer:**
  - there might be a one off cost to some employers, particularly smaller and/or independent optical businesses, in establishing internal disciplinary processes for trainee optometrists undertaking their pre-registration training.

**On-going administrative costs**

207. There would be low on-going administrative costs associated with this option.

- **GOC:**
  - an enhanced quality assurance process to include assessing and evaluating education and training providers on their admissions and fitness to practise processes;
  - if we refuse to register an applicant at the point of full registration, the applicant would still be entitled to appeal to the GOC’s Registration Appeals Committee, although it is unlikely that there would be a significant additional cost; and
we might incur some small additional costs in dealing with illegal practice cases involving students that would previously have been handled as fitness to practise cases.

- **Education and training providers:**
  
  o administering complaints made against students would incur low costs based on the number complaints that are currently referred to the GOC (for example, between 2009 and 2012):
    - on average we received around 20 cases a year involving complaints against students (approximately 0.5% of the total student population). This would mean around one case per year for the GOC approved education and training providers; and
    - on average the GOC’s Fitness to Practise Committee dealt with seven cases a year. This is approximately 0.2% of the total number of students.

**Cost savings**

208. There would be significant cost savings to the GOC, as students would no longer be subject to the GOC’s Fitness to Practise process. This would remove the costs incurred in handling cases and conducting hearings.

209. There would be cost savings to the GOC in administering and processing applications for student registration.

210. There would be administrative cost savings for education and training providers as they no longer needed to ensure that students enrolled on their course were GOC registered.

**Benefits**

211. The benefits of this system are broadly the same as option 1 in terms of protecting, promoting and maintain public health and safety. This system achieves the same policy objective and by removing student registration establishes a more proportionate system of student regulation.

212. This option arguably has an added benefit in that student fitness to practise cases could be dealt with more effectively at a local level by education and training providers than through the GOC’s formal fitness to practise process.

**Wider impacts**

213. This option is consistent with the current regulatory thinking about student regulation and ‘right touch’ regulation. For example, we can achieve our policy objective more proportionately and effectively by removing registration and allowing GOC ‘approved’ education and training providers to deal locally with decisions affecting students.
214. There is also more clarity in relation to the roles and responsibilities of different parties than in option 1. For example, under this option the GOC no longer has a dual role alongside the education and training providers in decisions relating to a student’s admission onto a course or in complaints relating to a student’s fitness to practise.

215. This option is more ‘future proof’ than option 1 because it applies equally to both student optometrists and dispensing opticians and would be flexible enough to deal with changes to the current system of education and training, such as a growth in courses where clinical training occurs throughout the course without a pre-registration period of clinical training as per the existing MOptom course.

216. We acknowledge that, due to the structure of the pre-registration year (for trainee optometrist), a disadvantage of this option is that fitness to practise issues would be dealt with differently depending on the course on which a student optometrist was enrolled, for example:

- trainee optometrists who (graduated from a three year degree course or four years in Scotland) undertake pre-registration training would be subject to their employer’s internal disciplinary processes; and
- student optometrists on the four year MOptom course would be subject to their University’s fitness to practise process.

217. We would also need to ensure that businesses and supervisors received sufficient guidance to enable them to deal with any fitness to practise issues that arose during pre-registration training. We would not want businesses or supervisors to be deterred from taking on students for pre-registration training.

Summary

218. Under this option we would be able to achieve our objective of protecting the public in a proportionate way which is consistent with current regulatory thinking around student regulation and ‘right touch’ regulation.

219. We estimate that there would be substantial cost savings for the GOC of approximately £550,000 per annum, although this would be offset to some extent by the need to enhance our quality assurance process. These cost savings would be passed on to students in that they would no longer have to pay the £20 per annum fee. However, on the basis that there are 4,642 students we only recover around £90,000 of the costs associated with student registration. If we were to seek to recover all the costs this would require an annual registration fee of around £120 per student.

220. We acknowledge that initially this option would require some implementation costs and increased responsibilities, mainly for smaller education and training...
providers. However, should this option be adopted, there would be a lengthy transition period, whereby we would provide support and carry out further consultation with stakeholders on the specific details of implementation.

<table>
<thead>
<tr>
<th>Costs</th>
<th>Low implementation and on-going costs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>Public protection is achieved with the added benefit of clearer roles for education and training providers and arguably more effective complaint handling.</td>
</tr>
<tr>
<td>Wider impacts</td>
<td>Consistent with right ‘touch regulation’ and the approach of other health and care regulators.</td>
</tr>
<tr>
<td>Proportionate</td>
<td>Yes in relation to the risks posed by student optometrists and dispensing opticians.</td>
</tr>
<tr>
<td>Targeted</td>
<td>Yes, more targeted approach to managing the risks presented by student optometrists and dispensing opticians.</td>
</tr>
<tr>
<td>Transparent</td>
<td>Yes, through the GOC’s system of quality assurance and approval.</td>
</tr>
</tbody>
</table>

Questions

Q6. What are your views on our preferred option for student regulation?

Q7. What are the advantages and disadvantages of this option?

Q8. Are there any other costs (including implementation or on-going costs) or benefits associated with this model that we have not identified? Please provide supporting evidence where possible.

Q9. What are the advantages and disadvantages of fitness to practise issues being dealt with at a local level by education and training providers?

Q10. For education and training providers: do you already have your own internal disciplinary processes and/or a fitness to practise committee in place to deal with complaints made against students? If so, please can you provide details.

Q11. For education and training providers: please outline any expected challenges in establishing internal disciplinary processes and/or student fitness to practise processes.

Q12. For employers: do you already have your own internal disciplinary processes in place to deal with complaints made against members of staff? If so, please can you provide details.

Q13. For employers: please outline any expected challenges in establishing internal disciplinary processes.

Q14. For education and training providers and employers: do you already have
equality and diversity policies in place for example to assist students with disabilities or health related issues? If so, please can you provide details.

Q15. For education and training providers and employers: do you carry out a DBS or disclosure check as part of your admissions process or contract of employment?

Q16. How best can professional conduct and ethics be taught and instilled in students?
Option 3: Provisional GOC registration for student optometrists in their pre-registration training

Provisional registration

221. This option is the same as option 2 but with one difference. This option would require graduate optometrists (who completed the three year undergraduate optometry degree or four years in Scotland) to provisionally register with the GOC before commencing their pre-registration training.

222. During pre-registration training, the trainee optometrists would be subject to the GOC’s fitness to practise process.

223. Optometry students on a four year MOptom course and student dispensing opticians would not be required to provisionally register with the GOC.

Costs

224. The costs associated with this option are largely the same as for option 2 but would also include the following costs for the GOC:

- administration costs of provisional registration; and
- fitness to practise costs associated with trainee optometrists undertaking pre-registration training.

Benefits

225. In relation to our policy objective, the benefit of this option is broadly the same as for option 2 but the additional benefit of clarifying roles and responsibilities would not be achieved to the same extent.

226. One benefit to employers would be that fitness to practise matters would be dealt with by the GOC.

Wider regulatory context

227. One of the main disadvantages is that there would be two different regulatory systems for student optometrists depending on whether they were enrolled on the three year (four years in Scotland) undergraduate optometry course with pre-registration training or on the four year MOptom course. This would be confusing to the public and would send out an inconsistent message. For example, any complaint made against a trainee optometrist during pre-registration training would be referred to the GOC, but any complaint made against a student on the MOptom course would be dealt with by the education and training provider. There would be two different systems of regulation for students undertaking the same clinical activities.
228. The system of provisional registration as we have defined it would not take into account the fact that student optometrists undertake clinical activities in the first, second and third year of their course practising on other students, volunteers and sometimes paying patients (in university eye clinics).

229. This option is less agile or ‘future proof’ than option 2 because provisional registration applies to a specific undergraduate course structure. In future, should the course structure for optometry change if, for example there are more MOptom courses offered, then we might need to review our system of student regulation again.

230. The term ‘provisional’ registration could be confusing and would need to be clearly defined and explained.

231. Although the GMC has a system of provisional registration for junior doctors, introducing provisional registration for trainee optometrists would arguably be disproportionate as the level of risk involved in practising medicine is higher than optometry.

232. This option would mean that student optometrists but not student dispensing opticians would need to register during their training. This might be seen as devaluing the role of dispensing opticians.

233. If the Law Commissions propose to Government that in future the power to activate student registration should lie with the Government (not individual regulators), this would probably mean that if we wished to introduce a system of provisional registration we would have to fulfil certain criteria and present a strong case to the Government based on sound evidence.

Summary

234. There is insufficient evidence to suggest that provisional registration would in itself benefit the public. In order to introduce provisional registration we would need to provide the Government with robust evidence to support this.

235. Provisional registration would apply to a specific undergraduate course structure involving pre-registration training so is less agile and future proof than option 2. Any changes to the education and training structure might mean we would have to review our position on student regulation again.

236. Under this option, there would be two different systems of regulation for student optometrists depending on which course they are enrolled on. This is inconsistent and could be confusing. It would also be likely to be more costly than option 2 as we would have costs in relation to registration and fitness to practise. These costs are likely to be less, however, than the costs associated with option 1.
Costs | Medium one off cost and low on-going costs.
---|---
Benefits | There is insufficient evidence that provisional registration is necessary to protect the public but other aspects of the current regulatory system do work effectively in protecting the public.
Wider impacts | Public perception as there would be two different regulatory systems for student optometrists.
Proportionate | No, costs incurred would not be a proportionate way in seeking to achieve our policy objective.
Targeted | No, this option is not based on risk to the public but on the type of course that student optometrists are enrolled on.
Transparent | No, because two different types of regulation are in place for student optometrists which could be confusing to the public.

Questions

Q17. What are your views on whether we should introduce a system of provisional registration for student optometrists during pre-registration training?

Q18. What are the advantages and disadvantages of this option?

Q19. Are there any other costs (including implementation or on-going costs) or benefits associated with this model that we have not identified? Please provide supporting evidence where possible.

Q20. Does provisional registration effectively protect the public against any possible risk of harm? Please provide supporting evidence where possible.

Q21. What do you understand by the term 'provisional registration'? Is this term clear?
**Equality and diversity**

237. We have considered whether these options would affect some groups more than others, for example on the basis of their age, ethnicity, gender, disability, sexual orientation or religion. As no equality issues have been identified we do not believe that a full equality analysis is required. However, we are seeking the views of stakeholders on whether any of the different options would have a negative or positive impact on any particular groups in society to confirm our position.

**Question**

Q22. What are your views on whether there are any equality issues that would result from any of the potential models which require consideration? If so, please provide evidence of the issues and the potential impact on people sharing the protected characteristic covered by the Equality Act 2010: disability, race, age, sex, gender reassignment, religion and belief, pregnancy and maternity, and sexual orientation and carers.
### Summary table

<table>
<thead>
<tr>
<th>Option</th>
<th>Cost: on-going</th>
<th>Cost: one-off</th>
<th>Benefit</th>
<th>Wider impact</th>
<th>Proportionate</th>
<th>Targeted</th>
<th>Transparent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option 1 – Retain the current system of student regulation</strong></td>
<td>High</td>
<td>N/A</td>
<td>Medium. Current system does effectively protect the public but insufficient evidence that registration provides benefit in itself.</td>
<td>Inconsistent with ‘right touch’ regulation and current regulatory thinking around student regulation.</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Option 2 - A system of student regulation without student registration</strong></td>
<td>Low</td>
<td>Low</td>
<td>High. Removes registration which is costly and does not achieve the policy objective.</td>
<td>Consistent with ‘right touch’ regulation and the approach of other health and care regulators.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Option 3 - Provisional GOC registration for student optometrists in their pre-registration training</strong></td>
<td>Low</td>
<td>Medium</td>
<td>Medium. Current system does effectively protect the public but insufficient evidence that provisional registration would provide any additional benefit.</td>
<td>Public perception is an issue as there would be two different regulatory systems for student optometrists depending on the type of course they were on. This option would not be ‘future-proof’.</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
**GOC analysis and conclusion**

238. Our preferred option is option 2. By adopting this option we would be able to achieve our objective of minimising the risk to patients and the public associated with student optometrists and student dispensing in a more effective, proportionate and cost effective way.

239. Our initial estimate is that this option would be likely to lead to substantial cost savings for the GOC of around £550,000 per annum. However, it is likely that there would be additional costs incurred by the education and training providers, and some additional costs incurred by the GOC in relation to quality assurance.

240. We recognise that the regulatory environment and regulatory thinking has moved forward since we first introduced student registration in 2005. We believe that this option would bring the GOC in line with the principles of good regulation and the models of student regulation adopted by the other eight health and care regulators.

241. This model more clearly defines the roles and responsibilities of the professional regulator and results in a more proportionate system of regulation. For example, as the regulator approves and quality assures the education and training providers they should be satisfied that there are robust processes in place to deal effectively with decisions about students at a local level, without their direct involvement.

242. In comparison, a system of regulation involving student registration results in the regulator being directly involved in local decisions relating to a student’s admission onto a course and disciplinary matters. Not only does this overlap and duplicate the role of the education and training providers but it also requires a disproportionate amount of regulatory force.

243. As yet, there is insufficient evidence to suggest that registration, either full or provisional, is itself of value in protecting the public. This has implications for the GOC because if the Law Commissions propose to Government that in future the power to activate student registration should lie with the Government (not individual regulators), this would probably mean that if we wished to maintain our current system of full student registration we would have to fulfil certain criteria and present a strong case to the Government based on sound evidence.

244. As a regulator we need to be consistent and agile in the decisions we take. Introducing a system of provisional registration (option 3) would result in an inconsistent system of regulation for student optometrists and dispensing opticians, and for students optometrists enrolled on different courses. This would provide an inconsistent and potentially confusing message to the public.
245. Furthermore, provisional registration would only apply to a specific undergraduate course structure (involving pre-registration training) so would be less agile in terms of being adaptable to any changes that might occur in future to the structure of education and training courses. This could result in even more inconsistency about which student optometrists needed to be GOC registered and require us to review our system of student regulation again.

246. In comparison, option 2 offers a model of student regulation which is agile enough to take account of future developments particularly in the structure of optometry and dispensing optics courses.
Section 7: Implementation and next steps

Implementation period

247. Following this consultation, we recognise that should we decide to adopt our preferred model of student regulation (option 2) this would require a significant shift in responsibility to education and training providers in terms of admissions and fitness to practise. However, we anticipate that there would be a significant implementation period and during the transition we would provide support and guidance to help all the education and training providers meet the new requirements.

248. We would need to take into account the work the Law Commissions are currently undertaking to reform the legal framework governing the nine health and care regulators overseen by the PSA. We would potentially seek to align our implementation period with these developments.

Further engagement with stakeholders

249. We would undertake further consultation with stakeholders on specific implementation details particularly around establishing effective admissions and fitness to practise policies and processes. For example, we would be likely to engage and consult on the specific standards and criteria that would need to be met to ensure there were robust admissions processes in place.

250. We would also engage further with other health and care regulators to help highlight areas of good practice and learn more about how their systems of regulation work in practice. For example, there is already a degree of consistency in fitness to practise guidance produced by some of the other regulators, so we would seek to learn from this and where appropriate align our thinking. In future there may even be opportunities for regulators to work more collaboratively together, for example in producing shared guidance or conducting joint quality assessments for education and training providers who offer courses in relation to the different regulated professions.

251. In the meantime, we look forward to receiving stakeholders’ views on the options considered in this consultation document and the questions we have raised. We expect to publish a statement by the end of the year after considering the consultation responses.
Section 8: response form

Please send your responses to Angharad Jones, Policy Manager, no later than Thursday 3 October 2013.

A consultation response form is attached to this document. Alternatively, you can use the response form in the consultation section of our website. Responses should be sent to:

General Optical Council
41 Harley Street
LONDON
W1G 8DJ.

Email: ajones@optical.org

Your details

Name:
Address:

Telephone number:
Email:

Are you replying on behalf of an organisation?

Name of the organisation:
Your position:
Nature of the organisation’s work:

Keeping in touch

Because we value your input, we would like to contact you occasionally to let you know when we launch consultations and to invite you to future events. We will not pass your data on to any third party. Please tick here if you do not wish to be contacted in this way about the GOC’s consultations: □
Questions

Q1. What are your views on whether we should maintain our current system of full compulsory student registration for student optometrists and student dispensing opticians?

Q2. What are the advantages and disadvantages of the current system of student regulation?

Q3. Does student registration effectively protect the public against any possible risk of harm? Please provide supporting evidence where possible.

Q4. Are there any other costs (including implementation or on-going costs) or benefits associated with this model that we have not identified? Please provide supporting evidence where possible.

Q5. How effective are the current supervision arrangements in mitigating the potential risk of harm to the public by student optometrists and student dispensing opticians?
Q6. What are your views on our preferred option for student regulation?

Q7. What are the advantages and disadvantages of this option?

Q8. Are there any other costs (including implementation or on-going costs) or benefits associated with this model that we have not identified? Please provide supporting evidence where possible.

Q9. What are the advantages and disadvantages of fitness to practise issues being dealt with at a local level by education and training providers?

Q10. For education and training providers: do you already have your own internal disciplinary processes and/or a fitness to practise committee in place to deal with complaints made against students? If so, please can you provide details.
Q11. For education and training providers: please outline any expected challenges in establishing internal disciplinary processes and/or student fitness to practise processes.

Q12. For employers: do you already have your own internal disciplinary processes in place to deal with complaints made against members of staff? If so, please can you provide details.

Q13. For employers: please outline any expected challenges in establishing internal disciplinary processes.

Q14. For education and training providers and employers: do you already have equality and diversity policies in place for example to assist students with disabilities or health related issues? If so, please can you provide details.

Q15. For education and training providers and employers: do you carry out a DBS or disclosure check as part of your admissions process or contract of employment?
Q16. How best can professional conduct and ethics be taught and instilled in students?

Q17. What are your views on whether we should introduce a system of provisional registration for student optometrist during pre-registration training?

Q18. What are the advantages and disadvantages of this option?

Q19. Are there any other costs (including implementation or on-going costs) or benefits associated with this model that we have not identified? Please provide supporting evidence where possible.

Q20. Does provisional registration effectively protect the public against any possible risk of harm? Please provide supporting evidence where possible.
Q21. What do you understand by the term ‘provisional registration’? Is this term clear?

Q22. What are your views on whether there are any equality issues that would result from any of the potential models which require consideration? If so, please provide evidence of the issues and the potential impact on people sharing the protected characteristic covered by the Equality Act 2010: disability, race, age, sex, gender reassignment, religion and belief, pregnancy and maternity, and sexual orientation and carers.

Closing date for responses is Thursday 3 October 2013.

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