

## Invitation to Tender: Education Strategic Review Equality, Diversity and Inclusion Impact Assessment

### Summary

We invite applications from suitably experienced contractors to carry out an equality, diversity and inclusion (EDI) impact assessment of our proposals to update the education and training of optical professionals for future providers of GOC approved qualifications across the UK; on students, placement providers and employers. The results of this assessment will inform the development of our proposals.

- The budget for this work is £5,000, including VAT.
- This work will need to be completed by w/c Monday 19th October 2020.
- The closing date for bids is Wednesday 9th September, at 5pm.

### Introduction

The General Optical Council (GOC) is the regulatory body for optometrists and dispensing opticians. As part of our public protection role we are carrying out the Education Strategic Review (ESR) to update our [current requirements](#) for their education and training. This review has produced three documents:

- **Outcomes for Registration.** This describes the knowledge, skills and behaviours they must have when they register with us.
- **Standards for Approved Qualifications.** This describes the standards education providers must meet if they are to teach GOC approved courses.
- **Quality Assurance and Enhancement Method.** This describes the way in which the GOC will collect evidence to show the Standards have been met.

These documents are in draft form, and currently the subject of a [public consultation](#). Copies are attached as annexes 1-3. They detail the proposed model; the impacts of which we want to measure. Contractors will need to have a thorough understanding of the proposals contained in the three documents, along with detailed knowledge of EDI issues in each of the four UK nations.

### The impacts.

Our proposals will impact in different ways across the UK on organisations currently delivering GOC approved qualifications (a mix of further (FE) and higher education (HE) providers and private membership-based organisations), as well as students and placement providers. We want to identify an external expert to help us assess the EDI impacts (positive and negative) on these groups.

This assessment will focus on students, although there may be some costs for education and training providers associated with meeting EDI requirements. The EDI assessment needs to be carried out with reference to the protected characteristics defined by the [Equality Act](#), which are:

- age
- gender reassignment
- being married or in a civil partnership
- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion or belief
- sex
- sexual orientation

#### Four nations

The proposals outlined in the attached documents will be applied across the UK and the situation will vary between countries. Bidders need to identify EDI impacts relevant to each nation, and report the data separately.

#### Method statement

As part of the bid please provide a brief method statement showing:

- Types of evidence-gathering methods to be used (qualitative or quantitative).
- Potential sources of information.
- Brief break-down of project costs.
- Any potential project risks/ opportunities, and mitigating action.

#### Deliverables

- A report, publication quality if possible, on detailed EDI impacts of our proposals on the stakeholders outlined above in each of the four nations, compared to the current situation.
- A draft version of the report on w/c 12<sup>th</sup> Oct 2020
- Final version on w/c 19<sup>th</sup> Oct 2020
- Potentially a presentation to GOC Council on the 10th November and or ESR Expert Advisory Group EAG (date to be advised).

#### Timescale

	Aug	Sept				Oct				Nov			Dec
<i>Consultation</i>								19					
<i>EAGs</i>									2			23	
<i>GOC Council</i>													10
Tender open													
Selection													
Planning Meeting													
Project runs				1	2	3	4	5	6				
Draft report													
Final report													

#### Budget

The budget for this work is £5,000 including VAT. Please include a summary of when payments should be made (how much and when), and the following details to allow us to set you up as a supplier:

- Company name
- Company number

- VAT number if applicable
- Registered address
- Name and contact details for the Head of Finance
- Bank name
- Account title
- Sort code
- Account number

#### [GOC assistance](#)

The ESR project team can provide contact details for all of the groups that will be surveyed, and will work with the contractor to make introductions. We will assist if clarification is needed, at any point of the project.

#### [Bidding process:](#)

To bid for the project please provide:

- Your name, address and description of contractor.
- Contact details and CV of the project lead.
- Details of other members of the project team.
- A description of how the contractor will approach the project.
- Details of any similar work undertaken.
- Any risks and mitigating actions.
- A method statement as shown on p2.

Closing date for bids: Wednesday 9th September at 5pm

Delivered to: [esr@optical.org](mailto:esr@optical.org)

Contact for any queries during bid development:

Peter Loader, ESR Project Manager. [ploader@optical.org](mailto:ploader@optical.org).

#### [General Optical Council](#)

Annex A: Outcomes for Registration.

Annex B: Standards for Approved Qualifications.

Annex C: Quality Assurance and Enhancement Method.

Annex A:

## Proposed **Outcomes for Registration**

### **Introduction**

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

GOC approved qualifications<sup>1</sup> will prepare students to meet these outcomes for entry to the register.

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

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

Each outcome is described using a level based on an established competence and assessment hierarchy known as 'Miller's Pyramid of Clinical Competence'<sup>2</sup> (knows, knows how, show how and does). We've provided a note on Miller's Pyramid on page 10 of this document.

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

The seven categories are:

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

The outcomes will be supplemented by a GOC commissioned sector-led co-produced indicative document which will provide a greater level of detail for each profession to support providers as they develop new qualifications or adapt existing approved qualifications to meet these outcomes. We anticipate commissioning the sector-led co-produced indicative document in Autumn 2020.

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<sup>1</sup> Act gives GOC powers to 'approve' 'qualifications'

<sup>2</sup> Miller, G.E. (1990) The assessment of clinical skills/competence/performance. Acad Med 65: 563–7.

## Proposed Outcomes for Registration<sup>3</sup>

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

### 1. Person centred care

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

O1.1 Listens to patients and their advocates to ensure they are at the heart of the decisions made about their care. **DOES**

O1.2 Manages desired health outcomes of patients and carers, taking into consideration any relevant medical, family and social history of the patient, which may include personal beliefs or cultural factors. **DOES**

O1.3 Protects patients' rights; respects the choices they make and their right to dignity and privacy. **DOES**

O1.4 Ensures high quality care is delivered and puts into place adaptive measures as needed for different clinical situations (such as domiciliary, prisons and special schools). **SHOWS HOW**

O1.5 Ensures that care is not compromised because of own personal values and beliefs. **DOES**

O1.6 Obtains and ensures continuation of valid consent from adults, children, young and vulnerable people and their carers and records as appropriate. **DOES**

O1.7 Demonstrates effective clinical decision making, diagnosis, evaluation and an appropriate and timely referral. **DOES**

O1.8 Refers and signposts as necessary the role of local eye health and sight loss services in delivering patient care. **DOES**

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<sup>3</sup> The outcomes will be supplemented by a sector-led co-produced indicative document which will provide a greater level of detail for each profession to support to providers as they develop new qualifications or adapt existing approved qualifications to meet these outcomes.

<sup>4</sup> Standards for Practice, <https://standards.optical.org/areas/practice/>

## 2. Communication

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

O2.1 Conducts communications in a sensitive and supportive manner adapting communication approach and style to meet the needs of patients, health and care colleagues and the public.

DOES

O2.2 Acts upon nonverbal cues from patients or carers that could indicate discomfort, a lack of understanding or an inability to give informed consent.

DOES

O2.3 Communicates effectively within a multi-disciplinary healthcare team and works collaboratively for the benefit of the patient.

DOES

O2.4 Critically reflects on how they communicate with a range of people and uses this reflection to improve.

DOES

## 3. Lifelong Learning

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

O3.1 Evaluates, identifies, and meets own learning and development needs, and supports the learning and development of others; such as acting as a role model and mentor.

DOES

O3.2 Gathers, evaluates and applies effective patient and service feedback to improve their practice.

DOES

O3.3 Applies the reflective cycle to improve quality of patient care, learning from mistakes and critically evaluating the range of information sources (such as clinical audits, patient feedback, peer review and significant event analysis).

DOES

## 4. Ethics and Standards

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

O4.1 Demonstrate the values, attitudes and behaviours expected from a GOC registrant as described in the GOC Standards of Practice.

DOES

O4.2 Acts openly and honestly and in accordance with the GOC Duty of Candour guidelines.	DOES
O4.3 Applies relevant legislation with particular regard to safeguarding young or vulnerable people.	DOES
O4.4 Applies the relevant national law and takes appropriate actions if consent cannot be obtained or is withdrawn.	KNOWS HOW
O4.5 Recognises and works within the limits of own knowledge and skills. Seeks support and refers to others where appropriate.	DOES
O4.6 Understands professional and legal responsibilities of supervision and being supervised in respect of trainees and students.	KNOWS
O4.7 Demonstrates professional and legal responsibilities of supervising unregistered colleagues undertaking delegated activities.	DOES
O4.8 Complies with health and safety legislation.	DOES
O4.9 Complies with equality and human rights' legislation, demonstrates inclusion and respects diversity.	DOES
O4.10 Understands the patient or carer's right to complain without prejudicing standard of care.	KNOWS
O4.11 Understands the ethical principles about prescribing and legislation relating to medicines management.	KNOWS
O4.12 Complies with legal, professional and ethical requirements for the management of information in all forms including the accuracy and appropriateness of patient records and respecting patient confidentiality.	DOES
O4.13 Manages situations under which patient confidentiality may be breached in order to protect a patient or the public, in line with relevant guidance on disclosing confidential information and/or with the patient's consent.	KNOWS HOW
O4.14 Applies health policies and guidance and utilises resources efficiently to improve patient outcomes.	KNOWS HOW
O4.15 Maintains professional boundaries with patients and others taking into consideration additional needs of vulnerable people and specific requests/requirements.	DOES
O4.16 Understands the role of carers and the power of attorney.	KNOWS HOW
O4.17 Complies with legislation and rules concerning the sale and supply of optical appliances.	DOES
O4.18 Undertakes an assessment of services provided within a consultation with the patient and is clear about any related payments.	DOES

## 5. Risk

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

O5.1 Recognise when own performance or the performance of others is putting people at risk and takes prompt and appropriate action.

SHOWS HOW

O5.2 Applies the process for raising and escalating concerns, including whistle blowing and protected disclosure if there is reason to believe that patients or the public are at risk.

KNOWS HOW

O5.3 Knows how to manage complaints, incidents or errors in an effective manner.

KNOWS HOW

O5.4 Knows how to address any health and safety concerns about the working environment which may put themselves, patients or others at risk.

KNOWS HOW

O5.5 Applies infection control measures commensurate with risks identified.

DOES

O5.6 Understands the importance of maintaining their own health in order to remain personally healthy and professionally effective but also appreciating the impact of serious conditions to patients/the public.

KNOWS HOW

## 6. Clinical Practice

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

O6.1 Undertakes safe and appropriate ocular examination using appropriate techniques and procedures to inform clinical decision making including management of medicines within individual scope of practice.

DOES

O6.2 Engages with developments in research, including through the critical appraisal of relevant and up-to-date evidence, to inform personal clinical decision-making and to improve quality of care.

DOES

O6.3 Analyses visual function from a range of diagnostic sources and uses data to put together a management plan in areas of professional practice such as:<sup>5</sup>

DOES

- Dispensing of Optical Appliances

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<sup>5</sup> Within the proposed sector-led, co-produced indicative document the intention is to provide further detail to support this outcome, O6.3, as well as all the outcomes, for each profession.



- Low Vision/Visual Impairment
- Refractive management
- Anterior eye and Contact Lenses
- Ocular and systemic Disease
- Binocular Vision
- Paediatrics
- Patients with Learning Disabilities and complex needs
- Occupational optometry

## 7. Leadership and Management

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

O7.1 Is able to undertake efficient, safe and effective patient and caseload resource management.

DOES

O7.2 Works collaboratively within healthcare teams, exercising skills and behaviours of clinical leadership and effective team-working and management.

SHOWS HOW

O7.3 Engages with clinical governance to improve patient outcomes, and leads and contributes to broader quality improvement initiatives to enhance service delivery.

DOES

O7.4 Recognises and manages adverse situations and obtains support if needed.

KNOWS HOW

O7.5 Takes appropriate action in an emergency, providing care and clinical leadership within personal scope of practice and referring or signposting patients, as needed, to ensure their receipt of safe, timely care.

DOES

O7.6 Engages with population and public health initiatives, understands population data and how trends should inform their practice.

DOES

## Note on 'Miller's Pyramid of Clinical Competence'<sup>6</sup>

<b>Knows</b>	Knowledge that may be applied in the future. (Assessments may include essays, unseen examinations, practical reports, essays, oral examinations and multiple-choice questions, etc.)
<b>Knows how</b>	Knows how to apply knowledge and skills in a defined context or situation. (Assessments may include essays, oral examinations, unseen examinations, short answer questions, multi-format MCQs (single best answer, extended matching questions), practical simulations, portfolios, workbooks and poster presentations, etc.)
<b>Shows how</b>	Applies knowledge, skill and behaviour in a simulated environment or in real life repeatedly and reliably. (Assessments may include objective structured clinical examinations (OSCEs), simulated patient assessments, oral and poster presentations, designing, conducting and reporting an experiment, dispensing tests and taking a patient history, unseen examinations involving patient cases, etc.)
<b>Does</b>	Acting independently and consistently in a complex situation of an everyday or familiar context repeatedly and reliably. (Assessments may include objective structured clinical examinations (OSCEs), simulated patient assessments and observed practice, case-based assessments, portfolios, sustained research project (thesis, poster and oral presentation) etc.)

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<sup>6</sup> Miller, G.E. (1990) The assessment of clinical skills/competence/performance. Acad Med 65: 563–7.

## Annex B

### Proposed **Standards for Approved Qualifications**

#### **Introduction**

Our proposed **Standards for Approved Qualifications** describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification.

GOC approved qualifications<sup>7</sup> will prepare students to meet these outcomes for entry to the register.

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

The Standards are organised under five categories:

1. Public and Patient Safety
2. Admission of Students
3. Assessment of Outcomes and Curriculum Design
4. Management, Monitoring and Review of Approved Qualifications
5. Leadership, Resources and Capacity

Each category is supported by criteria which must be met for a qualification to be approved.

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<sup>7</sup> Act gives GOC powers to 'approve' 'qualifications'

# Proposed Standards for Approved Qualifications

## 1. Public and Patient Safety

Approved qualifications must be delivered in a context which ensures public and patient safety.

Criteria to meet this standard:

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

S1.2 - Concerns about a student's fitness to train must be investigated by the Single Point of Accountability (SPA) and where necessary, action taken and reported to the GOC. (The GOC acceptance criteria and related guidance in Annex 1 should be used as a guide as to when a fitness to train matter should be reported to the GOC.)

S1.3 – Students must not put patients, service-users or the public at risk. This means that anyone who teaches, assesses, supervises, employs or works with students must ensure students practice safely and that students only undertake activity within the limits of their competence, and are appropriately supervised when with patients and service users.

S1.4 – Upon admission (and at regular intervals thereafter) students must be informed it is an offence not to be registered as a student with the GOC at all times whilst studying on a programme leading to an approved qualification in optometry or optical dispensing.

## 2. Admission of Students

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

Criteria to meet this standard:

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

S2.2 – Recruitment, selection and admission processes must be fair, transparent and comply with relevant regulations and legislation (which may differ in England, Scotland, Northern Ireland, Wales and/or non-UK), including equality and diversity. Selectors should be trained to apply selection criteria fairly, including training in equality, diversity and unconscious bias. in line with the regulations and legislation in place in England, Scotland, Northern Ireland and/or Wales.”

S2.3 - Information provided to applicants must be accurate, comply with relevant regulations and legislation and include:

- the academic and professional entry requirements required for entry to the approved qualification;
- a description of the selection process and any costs associated with making the application;
- the qualification's approved status;
- the total costs/ fees that will be incurred;
- the curriculum and assessment approach for the qualification; and

- the requirement for students to remain registered with the GOC throughout the duration of the programme leading to the award of the approved qualification.

If offers are made to applicants below published academic and professional entry requirements, the rationale for making such decisions must be explicit.

S2.4 – Recognition of prior learning, where offered, must be supported by effective and robust policies and systems. These must ensure that students admitted at a point other than the start of a programme are able to meet the outcomes upon award of the approved qualification. Prior learning must be recognised in accordance with guidance issued by the QAA and/or Ofqual/ SQA/ Qualification Wales/ Department for the Economy in Northern Ireland and must not normally exempt students from assessments leading to the award of the approved qualification, unless achievement of prior learning can be evidenced as equivalent.

### 3. Assessment of Outcomes and Curriculum Design

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

Criteria to meet this standard:<sup>8</sup>

S3.1 – There must be a clear assessment strategy for the award of an approved qualification. The strategy must describe how the outcomes will be assessed, how assessment will measure student's achievement of outcomes at the required level (Miller's triangle) and how this leads to an award of an approved qualification.

S3.2 – The approved qualification must be taught and assessed (diagnostically, formatively and summatively) in a progressive and integrated manner. The component parts should be linked into a cohesive programme of academic study, clinical experience and professional practice (for example, Harden's spiral curriculum<sup>9</sup>), introducing, progressing and assessing knowledge, skills and behaviour until the outcomes are achieved.

S3.3 - The approved qualification must provide experience of working with patients (including patients with disabilities, children, their carers, etc); inter-professional learning (IPL); team work and preparation for entry into the workplace in a variety of settings (real and simulated) such as professional, clinical, practice, community, manufacturing, research, domiciliary and hospital settings, (for example, Harden's ladder of integration<sup>10</sup>). This experience must increase in volume and complexity as a student progresses through a programme.

S.3.4 – Curriculum design, delivery and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, placement providers, members of the optometry team and other healthcare professionals. Stakeholders involved in the teaching, supervision and/ or assessment of students must be appropriately trained and supported, including in equality and diversity.

S3.5 - The outcomes must be assessed using a range of methods and all final, summative assessments must be passed. This means that compensation, trailing and extended re-sit opportunities within and between modules where outcomes are assessed is not generally-permitted.

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<sup>8</sup> Incorporating the 'Common Assessment Framework'

<sup>9</sup> R.M. HARDEN (1999) What is a spiral curriculum? *Medical Teacher*, 21:2, 141-143

<sup>10</sup> R.M. HARDEN (2000) The integration ladder: A tool for curriculum planning and evaluation, *Medical Education*, 34(7):551-557

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

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

S3.8 – Assessments must be valid, reliable, robust, fair and transparent, and ensure equity of treatment for students, reflect best practice and be routinely monitored, developed and quality-controlled. This includes assessments which might occur during professional or clinical placements, in the workplace or during inter-professional learning.

S3.9 - Reasonable adjustments must be made to teaching and assessment for students with specific needs to demonstrate they meet the outcomes. Teaching, learning and assessment methods may be modified to ensure no student is disadvantaged.

S3.10 - There must be policies and systems in place to plan, monitor and record each student's achievement of outcomes leading to awards of the approved qualification.

S3.11 – The approved qualification must be listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies<sup>11</sup> (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland and the Framework for Qualifications of Higher Education Institutions in Scotland), or be a qualification regulated by Qfqual, SQA or Qualifications Wales.

S3.12 – The outcomes must be delivered and assessed in an environment which places study in an academic, clinical and professional context, which is informed by research and provides opportunities for students to develop as learners and future professionals.

S3.13 – There must be a range of teaching and learning methods to deliver the outcomes that integrates scientific, professional and clinical theories and practices in a variety of settings and uses a range of procedures, drawing upon the strengths and opportunities of the single point of accountability (SPA).

S3.14 – In meeting the outcomes, the approved qualification must integrate at least 1,600 hours/ 48 weeks of patient-facing professional and clinical experience. Professional and clinical experience will take place in one or more periods of time in more than one sector and more than one setting of practice.

S3.15 – Outcomes delivered and assessed during professional and clinical experience must be clearly identified, be included within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification.

S3.16 – The choice of outcomes to be taught and assessed during professional and clinical experience and the choice and design of assessment items must be informed by feedback from a variety of sources, including patients, students, employers, placement providers and members of the eye-care team.

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<sup>11</sup> **Note on Degree awarding powers** A UK higher education provider (typically a university) has the power to award degrees, conferred by Royal Charter, or under Section 76 of the Further and Higher Education Act 1992, or under Section 48 of the Further and Higher Education (Scotland) Act 1992, or by Papal Bull, or, since 1999, granted by the Privy Council on advice from QAA (in response to applications for taught degree awarding powers, research degree awarding powers or university title).

S3.17 - Assessment (if undertaken) of outcomes during professional and clinical experience must be carried out by an appropriately trained and qualified GOC Registrant or other statutorily registered healthcare professional who is competent to supervise and measure student's achievement of outcomes at the required level (Miller's triangle).

S3.18 – Equality and diversity data and its analysis must inform curriculum design, delivery and assessment of the approved qualification. This analysis must include students' progression by protected characteristic. In addition, the principles of equality, diversity and inclusion must be embedded in curriculum design and assessment and used to enhance student's experience of studying on a programme leading to an approved qualification.

S3.19 - Students must have regular and timely feedback to improve their performance, including feedback on their performance in assessments and in periods of integrated professional and clinical experience.

S3.20 – If a student studies abroad for parts of the approved qualification, the single point of accountability (SPA) must be able to evidence how the outcomes studied / assessed abroad (if any) meet these standards.

#### 4. Management, Monitoring and Review of Approved Qualifications.

Approved qualifications must be managed, monitored, reviewed and evaluated in a systematic and developmental way, through transparent processes that show who is responsible for what at each stage.

Criteria to meet this standard:

S4.1 - The SPA is responsible for the award of the approved qualification, the assessment (measurement) of students' achievement of the outcomes leading to award of the approved qualification, and the approved qualification's development, delivery, management quality control and evaluation.

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

S4.3 - The SPA must be legally incorporated (i.e. not be an unincorporated association) and provide assurance it has the authority and capability to award the approved qualification.

S4.4 - The SPA may be owned by a consortium of organisations or some other combination of separately constituted bodies. Howsoever constituted, the relationship between the constituent parts forming the SPA must be clear.

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

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

S4.7 - There must be policies and systems in place to ensure the delivery and assessment of the outcomes is systematically monitored and evaluated using the best available evidence, and action taken to address concerns. Evidence will be required to show that as a minimum there are:

- Feedback systems for students and placement providers
- Student consultative mechanisms

- Input and feedback from external stakeholders (public, patients, employers, commissioners, former students, third sector bodies, etc.)
- Evaluation of business intelligence including NSS, progression and attainment data.

To ensure that;

- Provision is relevant and current, and changes are made promptly to teaching materials and assessment items to reflect significant changes in practice and/or research
- The quality of teaching, learning support and assessment is appropriate
- The quality of placements, professional and clinical experience, IPL and work-based learning, including supervision, is appropriate

S4.8 - There must be policies and systems in place for the selection, appointment, support and training of External Examiner(s) and/or Internal and External Moderator(s)/ Verifiers appointed by the single point of accountability(SPA), and for feedback on action to External Examiners and/or Internal and External Moderators/ Verifiers.

S4.9 - There must be policies and systems in place to ensure the supervision of students during periods of professional and clinical experience safeguards patients and service users.

S4.10 - There must be policies and systems in place for the selection, appointment, support and training for all who carry responsibility for supervising students. The SPA must know how and by whom a student is being supervised during periods of professional and clinical experience.

S4.11 – Students, and anyone who teaches, assesses, supervises, employs or works with students, must be able to provide feedback and raise concerns. The SPA must be able to evidence its response to feedback and concerns raised.

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

S4.13 – There must be an effective mechanism to identify risks to the quality of the delivery and assessment of the approved qualification and to identify areas requiring development.

S4.14 – The SPA must notify the GOC of any major events and/or changes to the delivery, assessment and quality of the outcomes, the organisation, resourcing and constitution of the SPA as well as responding to any relevant regulatory body reviews.



## 5. Leadership, Resources and Capacity

Leadership, resources and capacity must be sufficient to ensure the outcomes are delivered and assessed to meet these standards in an academic, professional and clinical context.

Criteria to meet this Standard:

S5.1 - There must be robust and transparent mechanisms for identifying, securing and maintaining a sufficient and appropriate level of ongoing resource to deliver the outcomes to meet these standards, including human and physical resources that are fit for purpose, clearly integrated into strategic and business plans. Evaluations of resources and capacity must be evidenced, and recommendations considered and implemented.

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

- An appropriately qualified and experienced programme leader, supported to succeed in their role;
- Sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals.
- Sufficient supervision of student's professional or clinical placements by GOC registrants who are appropriately trained and supported in their role;
- An appropriate staff to student ratio (SSR), which must be benchmarked to comparable provision<sup>12</sup>

S5.3 - There must be policies and systems in place to ensure anyone delivering an approved qualification is appropriately qualified and supported to develop in their professional, clinical, supervisory, academic/teaching and/or research roles. This must include;

- Opportunities for CPD, including personal, academic and profession-specific development.
- Effective induction, supervision, peer support, and mentoring.
- Realistic workload for anyone who teaches, assesses, supervises, employs or works with students.
- For teaching staff, opportunity to gain teaching qualifications.
- Effective appraisal, performance review and career development support.

S5.4 - There must be sufficient and appropriate learning facilities to deliver and assess the outcomes. This must include;

- Sufficient and appropriate library and other information and IT resources.
- Access to specialist resources, including textbooks, journals, internet and web-based materials.
- Specialist teaching, learning and clinical facilities to enable the delivery and assessment of the outcomes.
- Enrichment activities, which may include non-compulsory, non-assessed elements.

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

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<sup>12</sup> SPAs as part of their rationale for their choice of SSR must regularly benchmark their SSR to comparable providers (alongside seeking student and stakeholder feedback) to determine if their SSR provides an appropriate level of resource for the teaching and assessment of the outcomes leading to the award of an approved qualification, leadership and research.

## Annex 1 to criteria S1.2: Acceptance Criteria

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### Explanatory note for Student Registrant (“students”) complaint referrals to the GOC

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1. The GOC Acceptance Criteria for individual registrants is applicable to optometrists, dispensing opticians and students and can be found [here](#).
2. This explanatory note will assist educational bodies, supervisors, employers and students with understanding when a complaint against a student registrant should be referred to the General Optical Council (“GOC”). The Acceptance Criteria should be considered in the first instance. This guidance is an additional tool to assist with applying those criteria.
3. On application for initial admission as a student on the GOC register, the student must make any declarations to the GOC in line with the [declarations policy](#). These declarations will not be considered against the acceptance criteria because the student is not yet a registrant and therefore will not have a fitness to practise matter. All declarations prior to registration will be considered against section 8A Opticians Act 1989.
4. The GOC appreciates that some complaints against a student are better dealt with by the educational body and/or employer, and that regulatory input is not always necessary or proportionate. Some student conduct is better categorised as being part of the learning and training experience. The GOC is conscious that effective learning will include mistakes being made by students and does not consider it necessary to treat all mistakes as constituting a potential impairment of fitness to train in accordance with section 13D Opticians Act 1989.
5. Training and education should provide a safe space for students to develop and learn. All practical examples provided within the Acceptance Criteria are applicable to students and fully qualified registrants alike. Additional examples of when the GOC would not investigate a complaint into a student include:
  - a. Failure to attend lectures;
  - b. Insufficient time spent on studying;
  - c. Poor attendance at placements;
  - d. Work not submitted by deadlines;
  - e. Minor infringements of education establishment rules
  - f. Health complaint that does not pose a risk to the safety of the public/ patients and/or the registrant and is appropriately managed by the student and does not affect their fitness to train.
6. Therefore, studying and training should be a ‘safe space’. It is only when conduct is so serious that it cannot be solely dealt with at a local level - because the student potentially poses a risk to the public or there is a public interest in the matter being dealt with by the GOC - that it should be referred to the GOC. Examples of matters that should be referred include:
  - a. Plagiarism;
  - b. Health concerns affecting the student’s ability to learn.
7. If you are unsure of whether or not to refer a student to the GOC, please contact the FTP Triage team by email: [ftp@optical.org](mailto:ftp@optical.org) or in writing: FTP Department, 10 Old Bailey, London, EC4M 7NG

## Annex C

### Proposed **Quality Assurance and Enhancement Method**

#### **Introduction**

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

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

The design of our new assurance and enhancement method supports our outcomes-orientated approach and moves away from seeking assurance that our requirements are met by measuring inputs to an emphasis on evidencing outcomes. This is very much in line with approaches taken by other statutory healthcare regulators, professional and chartered bodies.

The method does not attempt to describe every permutation of assurance and enhancement. Instead, it establishes the framework for gathering and assessing evidence to inform a decision as to whether to approve a qualification, and sets out the arrangements for annual, thematic, sample-based and periodic reviews, as well managing serious concerns and the type and range of evidence a provider of an approved qualification might consider providing to support this process.

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

#### **Legal basis for Quality Assurance and Enhancement**

Our powers to undertake quality assurance and enhancement are described in Sections 12 and 13 of the Opticians Act 1989 (as amended 2005). The act requires the GOC to approve qualifications 'granted to candidates following success in an examination or other form or assessment which in the Council's opinion indicates that the candidate has attained all the competencies' and appointing visitors (which we call 'Education Visitors') to report to the GOC on the 'nature of the instruction given,' the 'sufficiency of the instruction given' and 'the assessments on the results of which approved qualifications are granted' as well as 'any other matters' that the GOC may decide.

The act also gives powers to the GOC to approve 'any institution where the instruction given to persons training as opticians appears to the Council to be such as to secure to them adequate knowledge and skill for the practice of their profession.'

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

## Quality Assurance and Enhancement - definitions

Quality assurance evidences that qualifications delivered by a single point of accountability (SPA) meet our minimum requirements for *'adequate knowledge and skill'* (Section 12(7)(a) OA). These minimum requirements are described in accordance with the Opticians Act 1989 in our document 'Outcomes for Registration.' A quality enhancement process goes further than establishing that minimum standards are met. Enhancement helps us demonstrate we are meeting our statutory obligation to understand both the *'nature'* and the *'sufficiency'* of instruction provided and in the assessment of students, and provides an opportunity to foster innovation, enhance the quality and responsiveness of provision to meet the needs of patients, public and service users, as well as share good practice.

## Geographic Scope

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

## Periodic Thematic & Sample-Based Reviews and Annual Returns

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

- Periodic review (of SPAs and approved qualifications).
- Annual return (of SPAs and approved qualifications).
- Thematic review (of standards).
- Sample-based review (of outcomes).

*Periodic Review.* All approved qualifications and qualifications applying for approval will be subject to periodic review. Periodic review considers an approved qualification's ability to meet or continue to meet the outcomes and standards. It may be desk-based, involve an on-site visit or visits, and/or physical or virtual meetings. The frequency and focus of a periodic review will be informed by the risk profile of the qualification, which includes factors such as, but not limited to; the results of annual returns, thematic and sample-based reviews, discharge of previously applied conditions and/or serious concerns review. The specification for a SPA's periodic review will be based on the risk profile of the qualification. The prime purpose of a periodic review is assurance, i.e. whether minimum standards are met.

*Annual Return.* All approved qualifications must submit an annual return, a key part of our assurance method. The specification for the annual return will be published along with the timeframe for the annual return by the GOC from time to time. Failure to submit an annual return may contribute to the decision to refuse or withdraw a qualification's approval. The results of SPA's annual returns will inform our risk stratification, the timing and focus of the SPA's periodic reviews and the basis for our thematic and sample-based reviews. A summary report of annual returns may be published by GOC from time to time.

*Thematic and Sample-based Reviews.* Thematic and sample-based reviews will be a key part of our enhancement method, providing evidence of the *'nature'* and *'sufficiency'* of approved qualifications and their assessment. They are primarily an enhancement activity, their focus is to draw out key themes, areas of good practice and areas for improvement in individual SPAs, across a group of SPAs, on a regional/ national and/or UK basis. All approved qualifications must participate in thematic

and sample-based reviews. The specification for a thematic review will be based on the criteria contained within the standards and published along with the timeframe for participation by the GOC from time to time. The focus of sample-based reviews will be the outcomes; to better understand how an outcome is introduced, developed, assessed and integrated within an approved qualification, how a student's achievement of the outcome at the right level (at Miller's triangle) is measured and the pedagogic approaches underpinning its teaching and assessment. Like thematic reviews, the specification for a sample-based review will be published along with the timeframe for participation by the GOC from time to time. Sample-based reviews may be undertaken as part of a SPA's periodic review or undertaken directly by GOC and/or co-commissioned alongside thematic reviews by an external contractor. Alongside annual review, thematic and sample-based reviews will inform our risk stratification of approved qualifications and the timing and focus of the SPA's periodic reviews. A summary report of thematic and sample-based reviews may be published by the GOC from time to time.

### **Scope of Evidence**

Demonstrating that the outcomes and standards are met should not be unduly onerous for a SPA, and guidance is given below on the type of evidence the SPA may wish to provide. In many cases, this evidence should be readily available standard institutional documentation which either provides context, such as published institutional-level policies, or qualification-specific information used at programme level by staff, students or stakeholders. Whilst we anticipate that the majority of evidence sources will be generic, some evidence may, by necessity, be bespoke to support engagement with this assurance and enhancement method. However, wherever possible we have limited the requirement for bespoke evidence (for example programme mapping); and will continue to do this to ensure our assurance and enhancement method is not overly burdensome for SPAs and is proportionate to the decisions we need to make.

SPAs are encouraged to have an early conversation with our education team to ensure appropriate application of our standards given the context, duration, location or size of a qualification, for example, for qualification awarded by specialist institutions or higher education providers outside the UK.

As an indication, evidence sources may include (but are not limited to):

In relation to the outcomes:

- Programme specifications, module descriptors, unit handbooks, module or unit evaluation reports, curricula, timetables, mapping of outcomes to programme specification, examples of teaching and assessment materials, etc.
- Description of assessment strategy and approaches to standard setting, copies of academic regulations and policies for the quality control of assessments, examples of assessment schemes, mark sheets, model answers, etc.
- External examiner reports and evidence of responses to issues raised, reports from internal and external moderators, copies of external examiner/ internal and external moderator recruitment, retention and training/support policies, examination board terms of reference, minutes, etc.
- Student feedback, and evidence of responses to issues raised.
- Evidence of stakeholder engagement and feedback, including from patients and carers, in qualification design, delivery and assessment, and evidence of responses to issues raised.
- Description of facilities and resource utilisation to support the teaching and assessment of the outcomes, supervision policies, and safe practice, etc.

In relation to the standards:

- Information about the SPA, its corporate form, organisation, leadership and lines of responsibility, evidence of the contractual relationships underpinning the delivery and assessment of the award of the approved qualification, service/local level agreements, agreements between stakeholders/ placement providers, management plans, etc.
- Information about the approved qualification, its credit load, length, form of delivery, type of academic award; evidence of internal or external validation/ approval by relevant awarding body, example certificate, programme management plans, diagrams, etc.
- Copies of the SPA's admission policies, admissions data, recruitment and selection processes, application packs, RPL/APL policies, advertising and promotional activity, fee schedules, evidence of selectors' training in equality, diversity and unconscious bias, fitness to practise policies, etc.
- Evidence of engagement with service users, patients and public, employers and other stakeholders in qualification design, delivery and assessment, copies of relevant policies, stakeholder identification strategies, minutes of stakeholder engagement meetings/ events and feedback and evidence of responses to issues raised,
- Description of the SPA's quality control procedures at institutional and qualification level, evidence of responses to external examiner/ internal and external moderator reports, end of programme evaluations, NSS results, reports from other quality control or assurance bodies, and responses to issues raised, copies of student feedback, minutes of staff-student committees, and evidence of action in relation to issues raised, copies of examination regulations, examination board minutes, verification reports, etc; evidence of SPA policies and their implementation in areas such as academic misconduct, adjustments, data protection, EDI, complaints, etc,
- Description of strategies for teaching, learning and assessment, including approaches to assessment design, standard setting, assessment tariff and assessment load, the integration of professional and clinical placements; copies of placement contracts; supervision policies, evidence training of and feedback from placement providers, progression data, EDI data, etc.
- Evidence that there are mechanisms for securing sufficient levels of resource to deliver the outcomes to the required standards, including historic and projected resource allocation and review; evidence of physical and virtual learning resources, accommodation, equipment and facilities and assessment of their utilisation; copies of risk assessment and risk mitigation plans, etc.
- Evidence the staff profile can support the delivery of the outcomes and the student experience, including workload planning, staff CVs and staff deployment/ contribution to the teaching and assessment of the outcomes, staff/student ratios, copies of policies describing the training, induction and support for those supervising students, external examiners, expert patients and other stakeholders and evidence of their efficacy, etc.
- Any other evidence and SPA may like to include to demonstrate its qualification meets our outcomes and standards.

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

Our decisions will be based upon a fair and balanced consideration of the evidence provided, using an approach based on the stratification of risk to decide which criteria within our standards and outcomes we will require SPAs to evidence; how we will gather that evidence (the frequency and type

of assurance and enhancement activity); how we will we consult our Education Visitors in the consideration and interrogation of the evidence provided, and how this informs our decision-making.

### **Approval of New Qualifications**

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

For qualifications already approved by us, please see the section later on in this document called 'Transitional Arrangements for Existing Providers of Approved Qualifications.'

The number, frequency and specification for each stage for approval of new qualifications will vary depending on the proposed qualification's risk stratification, which, broadly, can be summarised as;

- a. Lower risk A new qualification developed by adapting a qualification already approved by us.
- b. Medium risk A new qualification developed by a SPA in a partnership or contractual arrangement with one or more organisations or institutions with experience of awarding a qualification approved by us.
- c. Higher risk A new qualification developed by a SPA with limited or no experience of awarding a qualification approved by us.

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

The stages are: (For approval of new qualifications)

*Stage One.* Initial proposal from the SPA for the proposed qualification. This stage will explore the strategic intent for the proposed qualification, the rationale for its design, the proposed approach to the integration of clinical and professional placements and supporting infrastructure, the proposed corporate form of the SPA and its management, and how the views of stakeholders, including patients, servicer-users, employers, commissioners and the public will inform the development, teaching and assessment of the proposed qualification, the draft business case and an outline of the investment necessary to ensure its success, and key risks. The evidence to support stage one is normally a written submission from the SPA, based on the evidence framework, and supported by a meeting with us (at our offices or virtually) if necessary. Stage one may be repeated, particularly for applications stratified as medium or higher risk, until there is confidence the outcomes and standards are on course to be met and the SPA is ready to move onto stage two. The output of stage one will be a private report to the provider.

*Stage Two.* Stage two will examine the proposed qualification design and its resourcing in more depth (including, for applications stratified as medium or higher risk, investment in key appointments and infrastructure made between stage 1 and stage 2). This stage will consider the business case, investment and proposed pedagogic approach to the integrated qualification, the development of learning, teaching and assessment strategies, the involvement of patients, servicer-users, employers, commissioners and the public in qualification design and proposed delivery, and preparedness for delivery for the first cohort of students, the inter-professional learning strategy and the plan for professional and clinical placements. By the end of stage two the SPA will be fully formed; all arrangements with partners (if required) will be in place, as will the investment necessary to ensure the qualification's successful implementation. The evidence to support stage two will normally a written submission from the SPA, based on the evidence framework, and supported by a meeting with us either at the GOC offices or at the SPA (or virtually) if necessary. Stage two may be repeated, particularly for applications stratified as medium or higher risk, until there is confidence the outcomes

and standards on course to be met and SPA is ready to move onto stage three. The output of stage two will be a private report to the provider.

*Stage Three.* The purpose of stage three will be to assess the readiness of the SPA to begin recruiting students as an ‘*approved training establishment*’ under Section 8A(2) of the Opticians Act 1989.<sup>13</sup> The focus will be on detailed curriculum and assessment design, the SPAs approach to recruitment and selection of students and preparedness to commence delivery of the approved qualification. Stage three will confirm that the resourcing of the qualification, as described in stages one and two, is in place (including, for applications stratified as medium or higher risk, investment in key appointments and infrastructure made between stages two and three). By stage three the SPA will also be expected to evidence good progress in implementing plans approved at stage two. As stage three represents the highest risk to GOC in terms of its decision-making, the evidence to support stage three will normally be written submission from the SPA, based on the evidence framework and, for applications stratified as lower risk, a meeting with us either on site or at the GOC (or virtually if necessary). For applications stratified as medium or higher risk, the on-site (or virtual) visit may be based on the format of a periodic review. Stage three may be repeated, particularly for applications stratified as medium or higher risk, until there is confidence the outcomes and standards are likely to be met and SPA is ready to move onto stage four. The output of stage three will permission to commence recruiting students to the new qualification as an ‘*approved training establishment*’ under Section 8A(2) of the Opticians Act 1989 (see footnote) (SPAs are reminded that the qualification is not approved until a decision of Council is made at stage 5, and to ensure recruitment & advertising material conforms to our standard conditions.)

*Stage Four (a,b,c, etc.).* Stage four is repeated each year until the first cohort of students, or students migrated across into the programme, reach the final year’s study. The focus of stage four is on the delivery and assessment of the integrated qualification, including its staffing, resourcing and infrastructure, risk mitigation and progress in implementing plans approved at stage two, alongside preparedness for the delivery for the next, and most importantly, final, academic year. At stage four patient, servicer-user, employer, commissioner and public engagement in qualification delivery, assessment and review is expected, along with evidence of an increasing volume of inter-professional and work-based learning as student’s progress through the qualification. At each stage four (a, b, c, etc.) the SPA’s preparedness for, and implementation of, its plan for the integration of professional and clinical placements will be examined, as well as its reflections on implementing plans approved at stage two, and any changes it proposes as a result of student and stakeholder feedback. As stage four represents a higher risk to GOC in terms of its decision-making, the evidence to support stage four will normally be written submission from the SPA, based on the evidence framework and, for applications stratified as lower risk, a meeting with us either on site or at the GOC’s offices (or virtually if necessary). For applications stratified as medium or higher risk, the on-site (or virtual) visit may be based on the format of a periodic review. As at other stages, four may result in conditions being imposed, which can include halting recruitment for one or more cohorts, until there is confidence the outcomes and standards are likely to be met and the SPA is ready to move to stage five. If a SPA is asked to halt recruitment and/or if the decision is that there is no confidence the SPA is ready to move to stage five, the qualification will cease to be considered for GOC approval and students will not be eligible to register as either an optometrist or a dispensing optician.

In these circumstances, the SPA must inform the GOC how the interests of students currently studying on the qualification will be best served, either by transferring to an alternative provider or by being offered an alternative academic award; any costs incurred will be the responsibility of the SPA.

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<sup>13</sup> The approval of an SPA as an ‘*approved training establishment*’ under Section 8A(2) of the Opticians Act 1989 is for the sole purpose for students studying on the qualification applying for GOC approval can register with the GOC as student registrants. It confers no further rights to the SPA and must not be portrayed as such.



The output of stage four will be a published report. (SPAs are reminded that the qualification is not approved until a decision of Council is made at stage 5, and to ensure recruitment & advertising material confirms to our standard conditions.)

*Stage Five.* Stage five is considers an approved qualification's ability to meet the outcomes and standards. It is the final stage of the process and takes place in the academic year in which the first cohort of students, or students migrated across into the programme, reach their final year of study. The evidence to support stage five will normally be a written submission from the SPA, based on the evidence framework, alongside a periodic review and our attendance at the SPAs final examination board (or equivalent). The specification for the periodic review will be based on the evidence framework and the risk stratification of the qualification, which includes factors such as, but not limited to; the results of stages one to four, discharge of previously applied conditions and/or any serious concerns reviews and will include a sample-based review of the outcomes. The prime purpose of a stage five periodic review is assurance, i.e., whether our outcomes and standards are met. Depending on whether the application is stratified as lower, medium or higher risk, the periodic review may be desk-based, involve an on-site visit or visits, and/or physical or virtual meetings.

A decision by Council as to whether to approve the qualification will rely upon its consideration of the evidence gathered during stages one to five and will be informed the advice of the Education Visitors. The output of stage five will be a published report. If the decision of Council is to *approve* the qualification (with or without conditions), the decision will specify the date from which the qualification is approved from (normally the date of the final examination Board for the first graduating cohort of students). The duration of qualification's approval may be limited if necessary, according to its risk profile.

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

### **Transitional Arrangements for Existing Providers of Approved Qualifications**

All providers of currently approved qualifications leading to registration as a dispensing optician or an optometrist have three options;

- a. To 'teach out' existing programmes to a timescale approved by us, alongside developing, seeking approval for and recruiting to a 'new' approved qualification.
- b. To develop and seek approval to adapt an existing approved qualification to a timescale approved by us.
- c. To 'teach out' existing programmes to a timescale approved by us and partner with another organisation or institution to develop, seek approval for and recruit to a 'new' approved qualification.

The processes and requirements contained in the current Quality Assurance Handbooks will apply to all existing GOC approved qualifications during the teach out or migration phase until currently approved qualifications cease to exist, although the expectation is that students on existing programmes should benefit from new teaching, assessment, interprofessional learning (IPL), work-based learning (WBL), experiential learning and placement opportunities if it is feasible to do so. Exceptions will be dealt with on a case-by-case basis.

In addition, and in consultation with each provider of existing GOC approved qualifications, we will set out a timescale for when approval of recruitment of new students to currently approved qualifications for dispensing optician or optometry will cease.

## **Decision Making**

All decisions regarding qualification approval or withdrawal of approval or any other matter regarding approval of qualifications is the responsibility of GOC Council. The Council may delegate some or all of these decisions according to our scheme of delegation.

Decisions will be informed by the advice of our Education Visitors. In making its decision, Council, and those to whom the Council has delegated authority, may choose to accept, reject or modify advice from our Education Visitors in relation to the qualification under consideration.

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

## **Date of Approval**

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

## **Standard conditions**

Standard conditions will be applied to approved qualifications and qualifications applying for approval, and adherence to standard conditions monitored through periodic, annual and thematic reviews.

## **Conditions, recommendations and requests for information**

As part of the assurance and enhancement process, conditions may be imposed, recommendations may be made and/or further information may be requested.

Conditions specified must be fulfilled within the stated timeframe to ensure the outcomes and standards continue to be met by the approved qualification.

Recommendations must be considered by the SPA and action reported at the next annual review.

Information requested must be supplied within the stated timeframe. Failure to meet a condition or supply information within the specified timescale without good reason is a serious matter and may lead to the GOC conducting a 'serious concerns review' and/or withdrawing approval of the qualification.

## **Notifications of changes and events**

An important standing condition of approval is the expectation that SPAs notify us of any significant changes to approved qualifications, their title or other events that may impact upon the ability of a SPA to meet our outcomes and standards. Failure to notify us of any significant changes or events in a timely manner may lead to the GOC conducting a 'serious concerns review' and/or withdrawing approval of the qualification.

If we receive complaints, concerns and/or other unsolicited information about an approved qualification, or qualifications applying for approval, we will consider this information as part of our risk stratification of qualifications and in the timing and focus of our future assurance and enhancement activity.

## **Serious Concerns Review**

We reserve the right to investigate any matter brought to our attention which may have a bearing on the approval of a qualification. When making the decision to progress to a serious concerns review, we consider factors such as, but not limited to:

- results of any assurance and enhancement activity;
- concerns regarding patient safety;
- failure to meet one or more of the outcomes or standards;
- evidence of significant shortfalls in staffing and/or resources;
- failure to meet a condition or provide information within the specified timescale.

A serious concerns review is a detailed investigation into the concerns raised about an approved qualification. Failure to co-operate with a serious concerns review or take action required as a result may mean that Council decides to withdraw its approval of the qualification.

### **Withdrawal**

A SPA may, by giving notice, withdraw its qualification from our assurance and enhancement process. In these circumstances, the SPA must inform us how the interests of students currently studying on the approved qualification will be best served. Withdrawal from our assurance and enhancement process does not preclude the SPA from making a fresh application for qualification approval at some point in the future.

If, through assurance and enhancement (annual return, thematic and sample-based review and/or periodic review) a SPA fails to demonstrate that their qualification meets our outcomes for registration and/or standards for approved qualifications, and/or does not co-operate with us in the discharge of our regulatory duties, we may decide to seek to withdraw our approval from its qualification. Should we decide to withdraw approval, we will follow the statutory process as outlined in the Opticians Act 1989 (amended 2005). In these circumstances, we will work closely with the SPA, who retains responsibility for, and must act at all times in the best interests of students studying for the approved qualification.

### **Appeal**

SPAs have the right to appeal a decision to withdraw our approval of its qualification, in accordance with the provisions of Section 13 of the Opticians Act 1989. In the event that GOC Council decides to withdraw or refuse approval of a qualification (whether entirely or to a limited extent), an appeal may be made to the Privy Council within one month of the decision of Council being confirmed to the SPA in writing.

ENDS