COUNCIL

General Optical Council

Education Strategic Review (ESR)

Meeting: 13 May 2020   **Status:** For discussion

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Purpose

1.   To update Council on our progress since July 2019, discuss the three draft ESR deliverables and provide an update on continued ESR activity in the context of COVID-19.

Recommendations

2.   Council is asked to:
     - **note** the progress made since July 2019;
     - **note** the *draft* ESR deliverables: Outcomes for Registration; Standards for Approved Qualifications and Assurance and Enhancement Method; and
     - **note** continued ESR activity in the context of COVID-19 including:
          a.   continuing engagement with stakeholders to complete drafting of ESR deliverables and co-commission RQF-levels research;
          b.   verification of outcomes and public consultation; and longer-term work to support culture change necessary to support successful implementation, including transitional arrangements; and
     - **delegate** to the Registrar approval of the ESR deliverables for consultation and verification.

Strategic objective

3.   This work contributes towards the achievement of the following strategic objective: delivering world class regulation. This work is included in our 2020/21 Business Plan.

Background

4.   The Education Strategic Review (ESR) was launched in March 2016 and remained a key priority throughout our 2017-2020 Strategic Plan.

5.   In our 2020-2025 'Fit for the future' strategy we said we intend to build on this work to redefine our education requirements for new registrants for the next decade and

beyond, an enormously important and complex piece of work that will enable us to maintain public protection as the roles of registrants evolve.

6. In July 2019 Council agreed the key elements of the new system. This included the decision to introduce a new integrated model of optical education, combining academic study with professional and clinical experience into a single approved qualification (which is led by a single point of accountability – SPA); and with the formation of two Expert Advisory Groups (EAGs), draft new outcomes for registration, new standards for approved qualifications and an updated quality assurance process; with the aim of ensuring that the skills and abilities of our registrants remain up to date and responsive to the needs of the healthcare system.

Analysis

Impact of COVID-19

7. Our 2-day Education Advisory Group (EAG) meeting on 16-17 March straddled the announcement of lock-down and has necessitated a shift of approach for the ESR team towards remote consultation and development, with EAG meetings and engagement with stakeholders continuing on-line, and amendments to documentation made via correspondence.

8. More significant has been the impact of COVID-19 upon our stakeholders and their capacity to engage with us. The academic community in particular face two challenges. The first has been the immediate need to teach and assess GOC-approved qualifications remotely whilst also engaging with our quality assurance process, notifying us of temporary changes to programme delivery, as well as responding to the demands of an anxious student community. The second is longer-term change within higher education; anticipating and planning for the potential impact of COVID-19 on student recruitment, particularly the anticipated reduction (by as much as 80%) of overseas/non-EU students and on research and other income, with some universities forecasting a significant loss of revenue (in the range of 10%-15%). Instability in the HE sector is widely predicted, given the negative effects of COVID-19 on university income, and coupled with a lack of HM Treasury guarantee of financial support to prevent institutional failure, higher education providers are understandably nervous.

9. At programme level, whilst providers are acutely conscious that future graduates will be entering a potentially radically different context for the delivery of eye-care services, their bandwidth now, to contribute to the co-design of our ESR deliverables, and in the future, in developing new programmes and the relationships necessary with placement providers and local stakeholders will be significantly reduced as a result of this COVID-19 emergency.

10. So, whilst work remains on track, some elements are, by necessity, progressing at a slightly slower pace to enable continued participation of EAGs and our stakeholder community. More important, once the impact of lockdown and its potential easing is better known, will be the need to understand the appetite of our providers and to assist them make investment decisions in high-cost, innovative provision that has the potential to meet our new requirements, and limit the risk of provider failure.

ESR deliverables: Outcomes, Standards and Assurance

11. Since September 2019, the two ESR Expert Advisory Groups (EAGs) for Optometrists and Dispensing Opticians have met six times to develop the three ESR deliverables; outcomes, standards and assurance method. These three deliverables are being developed by the EAGs in a consultative and iterative way and are being shared with Council at this meeting very much as 'work-in-progress.' The draft outcomes and standards have also been shared regularly with selected stakeholders across the sector to gather their feedback, and the Quality Assurance Agency has been commissioned to provide expert input.

12. Council should note the draft deliverables will remain very much in development as the work of the EAGs progresses towards verification and public consultation. The three deliverables are:

- The **Outcomes for Registration,** which describe the knowledge, skill and behaviour individuals must meet in order to register as either a Dispensing Optician or an Optometrist. GOC-approved qualifications will prepare students to meet these outcomes for entry to the register. The outcomes for registration include outcomes which both Optometrists and Dispensing Opticians must meet, and outcomes which are specific for each profession. Each outcome is described using a level based on an established competence and assessment hierarchy known as 'Miller's Pyramid of Clinical Competence' and are organised under seven categories:
  - Person Centred Care
  - Communications
  - Lifelong Learning
  - Ethics and Standards
  - Risk
  - Clinical Practice
  - Leadership and Management

- The **Standards for Approved Qualifications** describe the expected context for the delivery and assessment of the outcomes by a single point of accountability (SPA). We will use the standards, along with the outcomes, to decide whether to approve a qualification leading to registration as a Dispensing Optician or an Optometrist, and a modified version of the standards will apply to programmes leading to Contact Lens Optician (for Dispensing Opticians) and Therapeutic Prescribing (for Optometrists) (Additional Supply, Supplementary Prescribing &

Independent Prescriber). There are six standards that SPAs must meet to deliver an approved qualification. They are:

- Public and patient safety
- Admission of students
- Lifelong learning
- Assessment of outcomes and curriculum design
- Management, monitoring and review of approved qualifications
- Leadership, resources and capacity

- The third deliverable is the **Assurance Method** for Approved Qualifications, which describes how we will gather evidence to decide whether qualifications leading to registration as either a Dispensing Optician or an Optometrist meet our outcomes and standards. This document is at a far earlier stage of development and moves away from our current approach of seeking assurance that our requirements are met by measuring inputs, to an emphasis on evidencing outcomes, very much in line with other statutory healthcare regulators. Underpinning our approach is a greater emphasis on including the views of patients, service users, the public, commissioners, employers, students and previous students in the evidence that we consider, to ensure we are sensitive to the demands of the context of delivery of approved qualifications.

13. Together, these will replace our Quality Assurance Handbooks for Optometry and Ophthalmic Dispensing, including the list of required core-competences, the numerical requirements for students' practical experiences, education policies and guidance contained within the handbooks.

Contact Lens Opticians and Independent Prescribers

14. Drafting outcomes for post-registration specialist postgraduate qualifications for Contact Lens Opticians (CLOs) and Independent Prescriber (IPs) was due to commence in April 2020. We had planned a CLO EAG on 1 April and IP EAG on 9 April 2020, both of which were cancelled due to COVID-19. An alternative option, to continue by correspondence, is being investigated.

Regulated Qualification Framework (RQF) research project

15. Within the draft standards we state that an approved qualification must be listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies[1] (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland which applies to England, Wales and Northern Ireland, The Framework for Qualifications of Higher Education

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[1] 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).

Institutions in Scotland which applies in Scotland), or be a qualification regulated by Qfqual, SQA or Qualifications Wales. These qualifications align to the Regulated Qualifications Framework (or devolved nations' equivalent[2]).

16.   We plan to work with the College of Optometrists (CoO), the Association of British Dispensing Opticians (ABDO) and the Optometry Schools Council (OSC) to co-commission a suitable external organisation to gather evidence and make a recommendation regarding the most appropriate RQF level (and equivalent) for our approved qualifications. This project will give us the information we need to specify within our standards a required RQF level for qualifications we approve, and given the significance of this decision, it is important that the sector is in alignment, and that the decision is informed by best available evidence.

Consultation and verification

17.   To ensure we are producing documents that are credible, will work in practice and be accepted by the sector, we will undertake two exercises: public consultation and verification of the outcomes.

18.   The purpose of the consultation will be to engage with a range of stakeholders (including professional bodies, providers of existing approved qualifications, sight loss charities, higher education organisations, businesses, commissioners, funding bodies, etc.) and individuals (including academics, students, pre-reg students, employers, patients and public) to help us understand the impact of the new model of optical education and to make practical suggestions for changes to the documents (the outcomes, standards and assurance method). We will use an external organisation to run the public consultation from end to end.

19.   The purpose of the verification is to test the veracity of the outcomes and the allocation of level (Miller's triangle), possibly through use of the Delphi method. The Delphi method involves gathering a consensus of expert opinion and has been applied to the development of competency frameworks and curricula for optometric and medical subspecialties (Clancy et al. 2009; Hay et al. 2007; Myint et al. 2010; Stewart et al. 1999). It involves a series of rounds to gather opinion anonymously. The advantage of the Delphi technique is that participants can express views without being influenced by others, most particularly to facilitate consensus on borderline outcomes.

20.   The original intention, pre-COVID-19, was to commence our consultation mid-summer, alongside verification. However, very strong feedback from our stakeholder community has indicated that due to the demands of managing the COVID-19 emergency with its effects on students, academics, higher education providers and

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[2] Qualifications and Credit Framework/ National Qualifications Framework for England, Wales and Northern Ireland; Credit and Qualification Framework for Wales; Scottish Credit and Qualifications Framework; Framework for Higher Education Qualifications in England, Wales and Northern Ireland

potential placement providers, it will be more effective to engage in these activities once the impact of lockdown and its potential easing is better known, possibly towards the beginning of the next academic year (August/September 2020). This will have the advantage of capturing the student voice more accurately, and hopefully, as lockdown eases, help us engage more effectively with a greater range of stakeholders, including students, patients and the public.

21.   The results of the public consultation and verification will be considered by the EAGs, triangulated with the results of the RQF-levels research, incorporated into the final version of the outcomes, standards and assurance for further stakeholder/provider engagement and, if appropriate, brought to Council for approval in November/December 2020.

Transitional Arrangements

22.   Once the outcomes and standards have been approved, we will work with the sector, including providers of currently approved qualifications, as the SPAs begin to develop their new, integrated qualifications and the relationships and infrastructure required, before seeking internal/institutional validation/approval and engaging with our proposed assurance and enhancement process (as described in annex three).

23.   The date from which new qualifications applying for GOC approval will be expected to meet the outcomes for registration and standards for approved qualifications will depend upon:
  - the outcome of the public consultation, the verification of the outcomes and the results of the RQF-levels research, and the capacity of our stakeholder community to contribute to the continuing co-design of the three deliverables, as well as the associated culture change necessary for successful implementation;
  - the impact of an extended lockdown and the easing of travel restrictions/ maintenance of social distancing (or indeed a second surge) on the capacity of our current providers, HEIs, potential SPAs, businesses, hospitals, employers and to develop radically new, integrated programmes that require significant stakeholder input in their design and construction;
  - the time it will take, from date at which Council feels sufficiently confident to approve the standards and outcomes for implementation, for SPAs to undertake programme design, seek internal validation and prepare their qualifications for our approval, prior to recruiting students, given the potential reduced of capacity of the sector to start preparing new programs post COVID-19.

24.   The draft assurance and enhancement method describes four options for currently approved qualifications in this transition period;
  - 'Teach out' existing programmes to a timescale approved by us, alongside developing, seeking approval for and recruiting to a 'new' approved qualification. (Lower risk)

- Develop, seek approval for and recruit to a 'new' approved qualification and migrate some or all of the existing cohorts onto the 'new' approved qualification whilst 'teaching out' the remainder, to a timescale approved by us. (Lower risk)
- '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 (which meets the outcomes for registration and standards for approved qualifications). (Medium risk)
- For organisations or institutions with no track record of delivering GOC-approved qualifications, apply as a SPA to develop, seek approval for and recruit to a 'new' approved qualification. (Highest risk)

25. The draft assurance and enhancement method proposes a stratified approach to risk, given that organisations or institutions with no track record of delivering approved qualification and SPAs comprised of one or more partners or with complex contractual arrangements are more likely to be at risk of failing to meet our outcomes and standards than existing providers who are adapting existing approved qualifications within an established and resourced infrastructure, or who are developing new qualifications with much of the required infrastructure in place.

26. Finally, the processes and requirements contained in the current Quality Assurance Handbooks will apply to all exiting 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. In addition, and in consultation with providers, we will set out a timescale for when recruitment of new students to currently approved qualifications for ophthalmic dispensing or optometry will cease.

27. The practical consequence of the phased transition is a potentially extended period during which new students will be continue to be recruited to programmes and graduate under the pre-ESR curriculum (the requirements contained in the current Quality Assurance Handbook) whilst early adopters and those in tranche 1 begin to enroll and progress their first cohort of students in their new programmes. Early mapping of this transition phase demonstrates that for four academic years (or longer, depending on the number of trailing students) from June 2025 onwards, students will either be graduating under the pre-ESR curriculum and progressing onto the ABDO/CoO Schemes for Registration, or graduating from one of the 'new' approved qualifications and registering directly with GOC with a demonstrably different skill base.

28. Coupled with considering the impacts from COVID-19, we are planning to ask the EAGs and our providers to consider how the phased introduction of the new outcomes and standards could be contracted to ensure a safe transition, reduce impact of workforce supply, and ensure patient safety is maintained.

Roundtable – Further and Higher Education Funding

29. On 13 March 2020 we held a very successful Roundtable examining issues of further and higher education funding. We used this roundtable to help build an accurate picture across the four nations of the sources of funding for pre-registration education and training, and to inform the paper (annex four), which seeks to describe the current sources of funding of optical education. We were particularly interested in bringing the sector together to collectively understand current sources of funding, how that might change as a result of the ESR, where might new funding be found and what evidence might be required to access that funding.

30. We still have gaps in our knowledge, given the funding regime for both regulated qualifications and academic awards, and for GOS or equivalent -funded placements varies across the four nations and for both professions. What is clear is that other healthcare professions are receiving substantially increased funding for experiential learning, in Scotland through NES and ACT funding, in Wales through HEIW and in England through HEE, although at differential rates. There are moves at a strategic level to try to rationalise support for placements across all statutory regulated professions, and the Office for Students may, at some point, commence a more wholesale revision of its funding bands, although unlikely within ESR implantation phase.

31. We learnt at the roundtable and through our research that together our stakeholder community has a key role in accelerating longer term changes to the commissioning of publicly funded eye-care services and the Higher Education funding context, to ensure the needs of our sector in relation to education are actively considered within these broadscale strategic moves.

Additional Activity

32. Work has commenced to develop proposals for two additional activities to support the culture change necessary to support the successful implementation of the ESR and to measure the impact of those changes. We plan to return to Council in July with two costed proposals:

- Longitudinal impact research: This would be a multi-year project, beginning with creating a baseline to measure the existing skill, competence and capacity of current graduates at the point of registration, then following up with measurements made as students progress through the new integrated programmes, register and enter the workplace from 2025 onwards. This work would be carried out by a specialist research organisation/institute after a tender process, based on a brief developed in consultation with the sector. The results of this project would inform future work, aimed at ensuring the workforce is fit for purpose. This type of information is not available any other way and is an entirely novel project. It would also be useful for other regulators undergoing a

similar change process, and contribute to meeting our strategic objective of delivering world class regulation.

- <u>Knowledge Hub:</u> We are asking education and training providers to make significant changes to the existing model of optical education, about which they are understandably nervous. To ensure a smooth transition between old and new education models, we need to do two things. First, provide them with a set of outcomes and standards they have confidence in, the development of which is ongoing. Second, support them as they move to the new model. It is important that we support the exchange of information between providers so they can learn from each other, in addition to their participation in our assurance and enhancement method. This capacity does not exist at present, relying instead on informal conversations and relationships between institutions. To enable the sharing of good practice and the exchange of knowledge we are looking at one option, supporting a 'Knowledge Hub' to exchange ideas, ask questions and share best practice as they develop their new programmes. All providers would be given access and encouraged to contribute. The aim is for the hub to have a limited lifespan, closing once the new system is embedded with all providers.

Finance

33.   ESR activity as described within paragraphs 5-29 is fully costed and included in the 2020- 21 budget. The 'additional activity' described in paragraph 30, will be subject to a separate paper which we intend to bring to Council in July 2020.

Risks

34.   The key materialised risk (now issue) from the COVID-19 emergency is explained in more detail above. In summary, the key issue for the delivery of ESR presented by COVID-19 is its significant impact on stakeholder availability and capacity that is likely to last for an extended period, and its impact on the landscape of higher education and the commissioning of eyecare services in each of the devolved nations.

35.   ESR and its planned implementation will mitigate the risk that our current requirements (contained within our Quality Assurance Handbooks) become out of date and will ensure the qualifications we approve in the future are responsive to this rapidly changing landscape, the needs of patients and service users and changes in higher education, not least as a result of the COVID-19 emergency, as well as increased expectations of the student community and their future employers.

Equality Impacts

36.   An EIA will be undertaken post public consultation and verification, and prior to preparation of final proposals.

Devolved nations

37. Higher and further education and eye-service commissioning are devolved matters. Implementation of ESR reforms will differ in each nation, and the impact of these differences are being considered in the development of our proposals.

Communications

38. We will update relevant stakeholders following Council's comments and feedback.

Next steps

39. We will present the next update to Council in July 2020.

Attachments

Annex one: Draft Outcomes for Registration
Annex two: Draft Standards for Approved Qualifications
Annex three: Draft Assurance and Enhancement Method
Annex four: Higher Education Funding paper