

GUIDELINES FOR THE APPROVAL & QUALITY ASSURANCE OF:

ROUTES TO GOC REGISTRATION

FOR

DISPENSING OPTICIANS

March 2011

The General Optical Council (GOC)

In the interests of the public and for their protection, Dispensing Opticians and Optometrists are regulated by the GOC to promote and enforce:

- a. high standards of education, training and conduct, so as to ensure an adequate and safe standard of eye care, and
- b. a system of registration of those suitably qualified as Dispensing Opticians and Optometrists.

The GOC statement on Equality and Diversity can be found at appendix 5.

The Legal Framework

- a. The Opticians Act 1989 provides the legal framework within which the GOC operates.
- b. The GOC regulates the professions of optometry and ophthalmic dispensing in the United Kingdom. Section 1 of the Act gives the GOC the remit of promoting and enforcing high standards of education, training and conduct, so as to ensure an adequate and safe standard of eye-care. It registers those suitably qualified as Optometrists and Dispensing Opticians.

Section 8(1) of the Opticians Act states that any person who satisfies the Council-

(a) that he holds a qualification as an Optometrist or Dispensing Optician for the time being approved by the GOC under section 12 (below), being a qualification granted to him after receiving instruction from one or more of the institutions so approved; and

(b) that he has had adequate practical experience in the work of an ophthalmic or Dispensing Optician,

shall be entitled to be registered in the appropriate register.

Sections 12(1) and (2) of the Act state that

(1) the Council may approve for the purposes of the Act any institution where the instruction given to persons training as opticians appears to the Council to be such as to secure to them adequate knowledge and skill for the practice of their profession; and

(2) that the Council may approve for the purposes of the Act any qualification which appears to the Council to be granted to candidates who reach such a standard of proficiency at a qualifying examination as to secure to them adequate knowledge and skill for the practice of their profession.

Visitors are appointed under the provisions of Section 13 of the Act.

(1) It shall be the duty of council to keep themselves informed of the nature of the instruction given by any approved Provider(s) to persons training as Optometrists or Dispensing Opticians and of the assessments on the results of which approved qualifications are granted

(2) For the purposes of their duty under sub section 1 above the Council may appoint persons to visit approved Provider(s) and to attend at the assessments held by the bodies which grant approved qualifications.

(3) It shall be the duty of visitors to report to council

(a) As to the sufficiency of the instruction given by the establishments, given by them, or the assessments attended by them and

(b) As to any other matters relating to such establishments or assessments which may be specified by the council either generally or in any particular case.

Section 8a of the Act requires students to be registered with the GOC:

- (1) *The Council shall maintain a register of persons undertaking training as Optometrists and a register of persons undertaking training as Dispensing Opticians.*
- (2) *A person who is undertaking training provided by an approved Provider(s) or obtaining practical experience in the work of an Optometrist or Dispensing Optician shall have his name in the appropriate register*

This Handbook in context

The Handbook sets out, in general terms the GOC's requirements for providers seeking GOC approval for a new route to registration or continuing approval of existing routes.

This Handbook seeks to accommodate innovation within the context of the GOC's remit of ensuring the safety of the UK public through fair and appropriate regulation. In their submission providers must demonstrate how their route to registration meets each of the requirements outlined in this handbook and specified in appendices xxx. This applies whether the Training Provider also awards the professional qualification or collaborative arrangements are in place.

This Handbook will guide:

- (i) Providers in the design and delivery of their ophthalmic dispensing routes to registration by listing the expectations of the GOC in defined areas of education and training;
- (ii) GOC Visitors in their accreditation and quality assurance of dispensing routes to registration.
- (iii) Officers of Council in their preparation for visits and for the writing and presentation of formal written reports.

Overall requirements for routes to registration as a Dispensing Optician

In order to register with the GOC as a Dispensing Optician, a person needs to have demonstrated that the competencies set by the GOC have been successfully achieved.

The Route to Registration must include the following:

1. Successful completion of a programme of study in Ophthalmic Dispensing at a minimum academic (QCA) level 5;
2. A period of supervised practice-based learning evidenced by a reflective portfolio;
3. Successful completion of all assessments of professional knowledge and skills in all GOC competencies
4. At least 80% of the credits of the training programme should directly relate to areas relevant to the practice of ophthalmic dispensing.
5. the course content must remain relevant to current practice and national standards.
6. Regardless of whether provided by one or more bodies, each Route to Registration shall integrate theory and practice through practice-based-learning (PBL).
7. For both academic and professional awards greater weighting should be given to performance in the later stages of the programme.

Where the route is provided by collaboration between more than one approved body, GOC approval and quality assurance will jointly apply to all parties contributing to the overall route to registration.

GOC Core Competencies

The Core Competencies are given in full at Appendix xx. On successful completion of the route to registration, the student will have demonstrated competence in all Elements of the competency framework.

The route to registration should demonstrate:

- a. precisely where each element of competence is taught
- b. precisely where and how each element of competence is assessed through the use of the performance criteria
- c. that each individual element of competence has been achieved by every student
- d. how and when each element was achieved by individual students in their portfolio of practical experience.

Assessment of Competencies:

Providers should indicate how the chosen methods of assessment are appropriate. The assessment strategy must:

- assure appropriate standards of assessment in which Elements of competence requiring an “Ability to do” must be evidenced by a practical demonstration on a suitable patient assessed by a nominated person. “Understanding of” competencies can be evidenced through practical demonstration or by a written or oral examination. (See **Appendix 3**)
- ensure that student Dispensing Opticians can demonstrate the required outcomes and practise safely and effectively
- demonstrate the use of effective mechanisms for monitoring and evaluation of assessments.

Management and Leadership of the Route to Registration

The education and training facilities, infrastructure and staffing structure must be sufficient to deliver and maintain the route to registration.

Providers delivering the Route to Registration shall include a GOC registered Dispensing Optician or Optometrist in a leadership position. This person should have appropriate technical and administrative support.

Quality Assurance

Routes to Registration shall have in place:

- (a) A robust quality assurance framework (for example, a programme committee, staff / student committee, formal board of examiners, quinquennial review process etc).
- (b) Effective feedback procedures.
- (c) A mechanism for monitoring student achievement and progression.
- (d) Staff Training & Development opportunities.

Practical work and Practice Based Learning (PBL)

It is considered essential that each route to registration, regardless of mode of delivery, includes practical work and PBL. All students will be required to gain experience of supervised practice, including real patient contact, working alongside suitably qualified registered practitioners.

Throughout this document reference is made to practical work and practice based learning. This should be taken to mean any interaction that a student may have with real patients or students acting as patients in all settings, whether in a professional practice or a training institution.

All routes to registration will include a minimum of 40 contact hours in the training institution for practical skills, distributed appropriately throughout the year.

A record of the practical work and PBL and the reflective learning achieved should be kept in a Portfolio that links theory and practice throughout the route to registration. Competency based assessments should be carried out at suitable junctures throughout the training. The portfolio shall contain a record of patient experience and the achievement of all competency elements. Further information on the requirements of the Portfolio are detailed in **Appendix 4** of this handbook.

The GOC expects that the student's practical experience and PBL includes access to unselected patients with a wide range of ages, ocular conditions and refractive status. This will include:

- i) Instruction, demonstration and supervision by experienced registered practitioners in general and specialist practice settings.
- ii) Small-group practical instruction which incorporates student observation, practitioner demonstration and direct student participation.
- iii) Specific experience relating to low vision and paediatric dispensing.

Period of supervised practice

In order to register as a qualified Dispensing Optician students, regardless of mode of training must complete a period of supervised pre-qualification experience, amounting to no less than 1600 hours, during which:

- a) a set of defined tasks are successfully undertaken and evidenced with detailed case records presented in the Portfolio (**Appendix 4**).
- b) a record is kept of the full evidence of the dispensing experience gained so as to demonstrate that the required total numbers of frame fittings, adjustments and verification of spectacles have been completed at the appropriate stage of their training.

Where the route to registration is provided by two or more parties all must work in close collaboration, so as to provide an integrated and progressive learning experience that will facilitate the student's staged achievement of the competencies. Joint guidance shall be provided where appropriate.

Provider responsibilities for the quality of practice based learning

Providers should demonstrate:

1. Written guidance to the supervisor and student on the aims and objectives of the period of supervised practice.
2. A mechanism to ensure students are safe to practise under supervision within the practice environment

3. A suitable procedure to ensure students are registered with the GOC for the duration of their study, whilst in supervised practice and in the course of professional assessments
4. A written protocol for supervision during practical patient contact.
5. Appropriate contractual arrangements for student placements

Supervision of PBL

Where the route is provided by more than one approved body, the GOC will expect all parties to give joint guidance to Supervisors outlining the requirement to ensure students in practice are exposed to the appropriate categories of patients, as listed in the portfolio detailed in **Appendix 4**.

The provider(s) should ensure that any PBL is carried out under the supervision of an appropriately qualified, registered and approved supervisor. This person must:

1. Have at least two years recent and relevant post qualification practical experience;
2. Minimum of two years on GOC register;
3. Comply with the GOC code of conduct in their professional practice;
4. Ensure that their students are registered with the GOC;
5. Meet the approval criteria of Providers;
6. Provide continuous personal supervision, i.e. be in the practice when the student is in professional contact with patients and be able to intervene as necessary;
7. Support, observe and teach;
8. Provide a sufficient and suitable learning environment;
9. Ensure the student has access to the appropriate equipment to meet the requirements of the route to registration;
11. Be familiar with the assessment requirements, guidelines and regulations of the route to registration;
12. Ensure that when the student is in professional contact with patients they are clearly identified as a trainee under supervision and that the identity of the supervisor is also made clear to the patient.

Conditions for ongoing approval

These are conditions, which will apply in all circumstances of accreditation. Providers must:

1. Submit to the General Optical Council by 31 August each year an annual monitoring form to include data on student numbers, progression and pass rates, progress against existing conditions and recommendations.
2. notify the GOC of any planned changes to the structure, delivery, resourcing, staffing and accommodation for each route to registration.
3. inform the Council of any planned or real changes to the approved student intake numbers of more than 10%.
4. ensure that all students undertaking training, assessment or practical experience for the purposes of becoming a Dispensing Optician are registered with the GOC for the duration of their training.

Failure to comply with these conditions will result in a visit to review ongoing accreditation.

Appendix 1

Guidelines for Visit to approved routes to registration Timescale and stages of the visit process

Pre Visit

Existing providers will normally be contacted one year before the visit is due to occur, which will trigger the requirements as stated in this handbook, for example a statement of required documentation, briefing of Visitors etc

An Officer of the GOC will make contact with the Provider(s) to negotiate the broad timeframe for the Visit including appropriate milestones over the coming months culminating in the actual Visit.

The Provider(s) will be responsible for proposing the visit timetable, including identification of issues to be discussed in open or closed session. Matters discussed in closed session will be those which are not suitable for release into the public domain.

Below are examples of possible topics that might be discussed in the closed session:

- Detailed financial information beyond that which is already published by the Provider(s) in their annual reports;
- Personal information related to a particular individual for example, appraisals, personal development, CV's, notification of specific staff leaving or subject to mentoring;
- Future plans of the Provider(s) for example, new courses, intentions to change student numbers that may provide a competitive advantage for other Provider(s).
- Third Party Information – Information which by its release is likely to damage a company's reputation or the confidence of customers, suppliers or investors. Any information that is likely to be commercially sensitive because it may inadvertently reveal information about profit margins and possibly working practices.
- Information related to new building plans which may be commercially sensitive, for example planning applications.

Prior to each Visit each Provider(s) will be expected to nominate one person to coordinate the Visit with the General Optical Council. If the Provider(s) fails to nominate a person, the GOC will correspond directly with the Head of Department (or equivalent).

The proposed timetable shall be provided to the GOC eight weeks in advance of the visit. All student timetables for all modes of study for the relevant dates are to be provided to facilitate visitor observations.

Four weeks before the Visit, a Pre Visit Information Pack should be provided to the Panel. The pack should contain:

- A copy of all route to registration documentation (including module descriptors, core competency mapping chart, student handbook, portfolio template etc)
- Detail of any changes since the last visit or annual monitoring submission with regard to:
 - Delivery, structure and assessment of route to registration
 - Staffing
 - Accommodation, facilities and equipment
 - Student numbers
- Financial information sufficient to confirm the sustainability of the route to registration

- Up to date staff list including cv's and teaching commitments.
- A brief summary of recruitment and progression statistics since the last visit.
- Detail of the process for setting of quality and standards, and measures to maintain/enhance quality.
- Robustness/security of decision making processes (e.g. Monitoring and evaluation of portfolio, external inputs, overall management of entire Route to Registration)
- Systems regarding the approval and subsequent review of supervisors and the suitability of the practice placements.
- Training and support for supervisors and participation rates
- information on how External Examiner reports are utilised, how actions are monitored and progress reported.
- the methods adopted in obtaining views of all stakeholders
- statistics on summative achievement of all elements of the route to registration
- Training opportunities and review of assessors participating in the route to registration
- Provider's own internal review of the effectiveness of the route to registration and future plans

Visit Format

The Visiting team and chair will normally be selected from the following:

- Two Dispensing Optician Visitors (including at least one Contact Lens Optician)
- One Lay Visitor
- One Optometrist Visitor
- One Educationalist Visitor

The Visitors may wish to meet the following persons during the Visit:

- Vice-Chancellor or Principal
- Appropriate senior managers
- Heads of academic and professional aspects of the Route to Registration or the equivalent person
- Course Leader(s)
- Teaching staff
- Students from each cohort of each mode of study
- Recent Graduates
- Personnel involved in supporting students during the PBL, e.g. Supervisors, employers, as appropriate (separate arrangements may be needed)
- Persons responsible for academic and professional examinations
- Examiners/Persons responsible for signing off GOC competencies
- External Examiner(s)
- Chair(s) of any relevant assessment/examination board(s)
- Support staff
- Staff from relevant Institution services (e.g. library)

During the Visit, the Visitors may wish to observe the following:

- Lectures/Tutorials
- Practical/Clinic sessions
- All equipment and facilities
- Competency assessments

The following documents should be made available to the Panel during the Visit:

- A single copy of all course documents for all modes of study.
- Selection of students work from each year of the route to registration and mode of study [projects / essays and laboratory worksheets]
- Samples of the theory examination papers and scripts
- Portfolios and any other written assessments/records
- External examiner reports and partially completed student portfolios with associated action plans
- Course committee and assessment/exam board minutes
- Reports from other quality assurance processes e.g. quinquennial reviews etc.
- Department system for recording student assessment/examination marks and achievement of competencies
- Staff/student liaison meeting minutes and other student feedback mechanisms e.g. student survey/NSS results
- Information on the Provider(s) policy for widening participation and appropriate induction arrangements for students with different needs, including the arrangements for assisting the induction of overseas students.

GOC Audit of PBL

When considering the PBL Visitors will assess:

1. The effectiveness of supervisor arrangements, including processes in place to assess the supervisors suitability and expertise/experience.
2. The practice environment and support made available to students
3. The learning opportunities and resource necessary for student success (including facilities, equipment and access to the required range and number of patients)
4. Student performance and the effectiveness of support systems

The GOC will seek to establish that:

1. learning outcomes are clearly expressed and equate with GOC competencies
2. the content of the pre-qualification period reflects the stated learning outcomes and the assessments measure appropriately their achievements
3. communication to all interested parties is effective
4. Effective quality assurance measures are in place
5. A suitable procedure is in place to check students are registered with the GOC for the duration of their study, whilst in supervised practice and for the purposes of taking their professional qualifying examinations.

Visitors will scrutinise documentary evidence in coming to judgements on:

1. Appropriateness of learning opportunities within the period of practice based learning
2. Effectiveness of the Assessments
3. Intended learning outcomes and actual student achievement

Post Visit

Following the Visit a first draft of the written report will be sent to the Visitors for their approval. The agreed draft of the Visit Report will then be sent to the Provider(s) for factual correction. Once the factual corrections have been received, a final Report will be sent to the Provider(s) for their official response.

Once the official response is received from the Provider(s), it is circulated to the Visitors for comment. The responses from the Visitors are then submitted, along with a copy of the Provider(s)s response and the Visit Report to the GOC. The final approval decision will then be communicated to the provider(s).

Publication of Visit Reports

Under the statutory guidelines set out in the Opticians Act 1989 it states that “The Council must from time to time publish, in such form (including electronic form) as they consider appropriate, a list of establishments and qualifications approved by them, indicating the purposes for which the approval was granted.”

The General Optical Council (GOC) (the organisation) is under a legal obligation as a public body to comply with the Freedom of Information Act 2000. This act gives a legal right for anyone to ask an organisation within the public sector for access to information that it holds and the GOC has a duty to maintain and make information readily available on the publication scheme which is a requirement of the Freedom of Information Act to make public and maintain a company publication scheme.

A list of approved Provider(s) will be published on the GOC Website, along with the period of approval given and the date of the next Visit.

The GOC will publish a public version of the visit report on its website containing matters discussed in open session.

It is the responsibility of the Education Department to ensure that all approved visit reports are published onto the GOC website and updated when necessary.

Any observations sent by a Provider(s) to the GOC in response to a visit report, will, with permission from that particular Provider(s) also be released onto the website. This is to make sure that the information provided to the public is as balanced as possible.

Appendix 2

Procedure for Approving New Routes to Registration

1. Provider(s) considering a new route to registration should contact the GOC at the earliest opportunity to agree a suitable timescale for the appropriate development and consideration of the proposal.
2. Following these initial discussions the Provider(s) should make a written submission to the Education Committee outlining its intentions for the new provision following the format of this handbook (Education Committee meets three times a year; dates are published on the GOC website. Papers for the Committee must be received at least two weeks before a meeting)
3. Once the submission has been received Education Committee will ask a Group from within its own membership to meet with the prospective Provider(s). The role of the Education Committee group is to:
 - i) review the submission against the handbook requirements
 - ii) offer any necessary advice and guidance on how the route to registration can fully meet the requirements of the handbook
 - iii) advise the Education Committee on progress and whether provisional approval should be granted
 - iv) determine an appropriate timetable for the introduction of the route to registration
4. Provisional approval must be obtained before:
 - i) Advertising the route to GOC registration
 - ii) Student places are confirmed on the new route to registration
5. If students are enrolled before provisional approval is secured, the GOC will not recognise that part of the course. Hence the students will not be eligible for GOC registration.
6. Once the route to registration has started the group will visit in each year of its development and until such time as the group is satisfied that the route to registration can be transferred to the independent Visitor Panel.
7. In the event the education panel is not able to support any further intakes a GOC approved action plan must be implemented to manage those students already in training through an alternative route to registration.
8. Provisional approval can be withdrawn at any stage. The development process may extend beyond the stated period of the route to registration.

The following information will be required as part of the Provider(s) initial written submission:

- Brief description of the Provider organisations e.g. nature, size and structure
- Identified point(s) of contact.
- Proposed number of students to be enrolled on the route to registration
- Proposed staffing structure for the complete route to registration
- Qualification(s) awarded as part of successful completion of route to registration
- Information on the Provider(s) policy for widening participation and appropriate induction arrangements for students with different needs, including the arrangements for assisting the induction of overseas students.

The written submission will need to demonstrate how the requirements of this Handbook are satisfied. The submission should include evidence to support each Section.

Provider(s) should be aware that the GOC considers that in order to form an effective proposal for a new route to registration about 2 years preparation time is required

Appendix 3

Dispensing Optician Core Competencies

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
1. Communication The ability to communicate effectively with the patient and any other appropriate person involved in the care of the patient, with English being the primary language of communication	1.1 The ability to communicate effectively with a diverse group of patients with a range of optometric conditions and needs	1.1.1 Obtains relevant history and information relating to general health, medication, family history, work, lifestyle and personal requirements.	Asks appropriate questions to obtain a full history. Employs appropriate strategies to understand the patient's needs by not interrupting and then summarising to check understanding.
		1.1.2 Elicits the detail and relevance of any significant symptoms.	Employs an appropriate mix of questions to elicit information from patients, for example, open and closed questions.
		1.1.3 Identifies and responds appropriately to patients' fears, anxieties and concerns about their visual welfare.	Establishes and maintains a good professional and clinical relationship with the patient to inspire trust and confidence. Recognises emotion in patients. Explores patient concerns and provides reassurance where appropriate, using explanations that are relevant to that patient.
	1.2 The ability to impart information in a manner which is appropriate to the recipient	1.2.1 Understands the patient's expectations and aspirations and manages situations where these cannot be met.	Conveys expert knowledge in an informative and understandable way, for example, not using jargon. Explores the patients' expectations and checks the level of understanding. Employs a patient-centred approach to understand the patient's perspective. Is able to empathise with and manage the patient's needs, resolving any problems to mutual satisfaction.
		1.2.2 Communicates with patients who have poor or non-verbal communication skills, or those who are confused, reticent or who might mislead.	Makes effective use of body language to support explanation. Demonstrates awareness of our own body language. Uses appropriate supporting material
		1.2.3 Discusses with the patient the importance of systemic disease and its ocular impact, its treatment and the possible ocular side effects of medication.	Provides a layman's explanation of the ocular impact of a particular disease Uses appropriate supporting material, for example, diagrams or leaflets, and uses a range of different explanations where required to avoid repetition. Understands limitations of knowledge, referring the patient for advice where necessary
		1.2.4 Explains to the patient the implications of their pathological or physiological eye condition.	Gives factually relevant information in a clear and understandable way, avoiding jargon and technical terms. Uses appropriate supporting material, for example, diagrams or leaflets, and uses a range of different explanations where required to avoid repetition. Understands limitations of knowledge, referring the patient for advice where necessary
		1.2.5 Communicates effectively with any other appropriate person involved in the care of the patient	Records and discusses advice and management in a clear and appropriate manner

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
2. Professional Conduct The ability to comply with the legal, ethical and professional aspects of practice	2.1 The ability to manage patients in a safe, appropriate and confidential environment	2.1.1 Adheres to Health and Safety policies in the practice including the ability to implement appropriate measures for infection control	Demonstrates a proactive approach to Health and Safety issues such as identifying hazards, risk assessment, first aid, etc, in order to produce a safe environment for staff and patients alike. Demonstrates appropriate personal hygiene, cleanliness of the practice, hygiene relating to instrumentation, contact lenses, disposal of clinical waste etc.
		2.1.2 Maintains confidentiality in all aspects of patient care	Demonstrates knowledge of the Data Protection Act (1987) and how this impacts on security, access and confidentiality of patient records.
		2.1.3 Shows respect for all patients	Recognises and takes into consideration patient's specific needs and requirements e.g. cultural diversity or religious belief
	2.2 The ability to comply with legal, professional and ethical issues relating to practice	2.2.1 is able to manage all patients including those who have additional clinical or social needs	Respects and cares for all patients and their carers in a caring, patient, sensitive and appropriate manner. Has knowledge of the Disability Discrimination Act (1995), and ensures the patient environment is safe, inviting and user-friendly in terms of access and facilities for all patients. Has an awareness of different types of disabilities and patients with additional needs. Understands the criteria and process for appropriate referral.
		2.2.2 Is able to work within a multi-disciplinary team	Respects the roles of other members of the practice team and how working together gives the patient the highest possible level of care. Is aware of local and national shared care schemes and the roles of the practice staff within these schemes.
		2.2.3 Is able to work within the law and within the codes and guidelines set by the regulator and the profession.	Demonstrates knowledge of the advice and guidance set by the respective professional body. Demonstrates knowledge of the code of conduct set down by the General Optical Council. Demonstrates a knowledge of the relevant law relating to their role e.g. Opticians Act, GOS benefits, fees and charges.
		2.2.4 Creates and keeps full, clear, accurate and contemporaneous records.	Is able to produce records which are legible and contain all relevant patient details, measurements, results and advice Demonstrates how to handle payments appropriately, effectively and honestly. Explains clearly any GOS benefits, fees and charges to the patient and records accurately all dates relating to payments.
		2.2.5 Interprets and responds to existing records	Identifies, checks and responds to the significance of previous optical correction. Modifies measurements and advice appropriately based on current correction, present requirements and previous records

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
3. Methods of Ocular Examination An understanding of instrumentation used in the examination of the eye and related structures	3.1 An understanding of the use of instruments used in the examination of the eye and related structures, and the implications of results	3.1.1 Understands the methods of measurement of corneal curvature and assessment of regularity	Understands the use and optical principle of the keratometer, one and two position instruments and fixed and variable doubling. Understands the principles and use of corneal topographers
		3.1.2 Understands the examination of the external eye and related structures by use of the slit lamp	Understands the features and operation of the slit lamp Understands how direct and indirect illumination can be achieved and how the eye should be examined in a logical sequence Understands the methods used for tear assessment
		3.1.3 Understands the examination of the fundus using either a direct or indirect ophthalmoscope	Understands ophthalmoscopy and conditions required to view the fundus Understands the differences between direct and indirect ophthalmoscopy in terms of optical principle, method of use, field of view and magnification
		3.1.4 Understands the methods of assessment of colour vision	Understands classification and description of colour vision defects, descriptions and use of the different tests available for colour vision defects
		3.1.5 Understands the instruments involved in visual field analysis and the results	Understands static and kinetic perimetry and different threshold measurements Understands the different types of field analysis instruments, for example: screens, arc and bowl perimeters, automated field instruments and the Amsler chart Understands the terminology related to defective fields and how this relates to the visual pathway
		3.1.6 Understands the use of a tonometer and the results	Understands the different types of tonometry, e.g. contact and non-contact and the relative procedures Understands the diurnal variations of the results, and the implications of the results

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
4. Optical Appliances The ability to dispense an appropriate optical appliance	4.1 The ability to interpret and dispense a prescription using appropriate lenses and frames or mounts.	4.1.1 Identifies anomalies in a prescription and implements the appropriate course of action	Identifies possible errors in a prescription and follows the appropriate course of action Identifies and explains any problems which may occur from the given prescription and offer solutions, for example, aniseikonia, anisometropia
		4.1.2 Dispenses and advises on a wide range of lenses and frames, taking into account the patient's needs and requirements	Demonstrates correct interpretation of prescriptions Understands the following lens parameters Lens form, design, materials, coatings and tints, availability, blank sizes Demonstrates understanding of frames covering the following: Size, materials, relationship between frame, lenses and face Demonstrates the appropriate lens and frame selection and justification (bearing in mind patient's lifestyle requirements)
		4.1.3 Measures and verifies optical appliances taking into account relevant standards where applicable.	Measures and verifies that lenses have been produced to a given prescription within BS tolerances Verifies that all aspects of the frame or mount has been correctly supplied Measures and verifies that the lenses are correctly positioned in the spectacle frame/mount within BS tolerances
		4.1.4 Matches the form, type and positioning of lenses to meet all the patient's needs and requirements and provides appropriate advice.	Provides all the necessary information for a pair of spectacles to be duplicated, to include: <ul style="list-style-type: none"> • Prescription • Lens type • Lens form • Centration and fitting positions • Frame details • Lens surface treatments
	4.2 The ability to advise on and dispense appropriate safety, vocational, and special optical appliances.	4.2.1 Advises on personal eye protection regulations and relevant standards, and appropriately advises patients on their occupational visual requirements.	Applies the relevant standards for: <ul style="list-style-type: none"> • VDU users, driving • EN standards, including markings standards BSEN I66 and legislation and sources Demonstrates a knowledge of visual task analysis including lighting Understands the legal responsibilities for employees, employers, Dispensing Opticians and Optometrists Understands and identifies common ocular hazards and common or sight threatening leisure activities and occupations and the ability to advise patients.
	4.2.2 Recommends and dispenses special optical appliances where appropriate	Identifies and fits special optical appliances, explains their optical properties and features These will include sports, paediatric frames, safety, recumbent, reversible, flips, low vision appliances, specialist lenses, occluders, trigeminal spectacles etc	

	4.3 The ability to fit, adjust and repair optical appliances	4.3.1 Identifies current and obsolete frame materials and considers and applies their properties when handling, adjusting, repairing and dispensing	Performs appropriate adjustments to ensure a correct fit Recognises all frame materials from associated features and handling the frames. Knows details of the manufacturing methods and how these affect the adjustment properties of the material. Demonstrates an awareness of the dermatological effects of the materials to be able to advise patients accordingly Knows whether the frame can be repaired and the appropriate repair method
		4.3.2 Demonstrates knowledge of frame and lens manufacturing and the application of special lens treatments.	Identifies the difference between glass and plastics materials and has a knowledge of the properties of each material, manufacturing methods and associated advantages and disadvantages Knows the different manufacturing methods of frames to include injection moulding, routing and wire formation. Knows of the different methods of tint and coating applications and the associated advantages and disadvantages of each
	4.4 The ability to dispense low vision aids	4.4.1 Understands conditions which cause visual impairment and to dispense the most appropriate low vision aid/advice	Identifies which patients would benefit from low vision aids and advice Understands the principles of magnification, field of view and working distance in relation to different aids Provides advice on the advantages and disadvantages of different types of simple low vision aids Understands the mechanisms of prescribing magnification including acuity reserve Gives correct instruction to a patient in the use of various aids, to include: <ul style="list-style-type: none"> • Which specs to use with aid • Lighting required • Appropriate working distance Provides basic advice on non-optical aids, use of contrast and lighting to enhance visual performance and daily living skills
	4.5 The ability to relate general anatomical features, including the development of a child's facial anatomy to the fitting of optical appliances	4.5.1 Accurately records facial measurements and dispenses the most appropriate appliance taking into account development, comfort, function and safety	Takes accurate facial measurements and appreciates the implications of anatomical features and how these relate to the final fitting position of the appliance Knows about special frame features, for example, inset bridges, and handmade frames Appropriately advises on paediatric frame fitting, including specialist bridge and side features

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
5. Contact Lenses An understanding of the fitting and aftercare of patients with rigid and soft contact lenses	5.1 An understanding of the selection and fitting of the most appropriate contact lens for the planned use and clinical needs of the patient.	5.1.1 Understands contact lens types and materials, their benefits and disadvantages, and their most appropriate applications	Understands <ul style="list-style-type: none"> • the differences between RGP, soft and scleral contact lenses. • the advantages and disadvantages of all types of contact lenses Has a knowledge of differences in contact lens materials currently used for RGP and all types of soft lenses including silicone hydrogels Understands the advantages and disadvantages of wearing contact lenses compared with spectacles Has a knowledge of other applications of contact lenses e.g. therapeutic lenses and in low vision
		5.1.2 Understands the initial contact lens selection and fitting of RGP and soft contact lens patients	Understands, at foundation level, the typical parameters of RGP and soft lenses and their relationship to corneal measurements Understands the shape of the normal cornea, the fitting philosophies of RGP and soft lenses, and the lens' behaviour on the eye
	5.2 Understands the patients instruction in contact lens handling, and all aspects of lens wear including care regimes	5.2.1 Understands the different methods of contact lens removal and the ability to remove the lens in an emergency, if feasible, and the ability to discuss the use of care regimes	Knows the methods of insertion and removal of RGP and soft lenses by a contact lens wearer Understands how a suitably skilled practitioner should remove a lens in an emergency Knows the relative advantages and disadvantages of RGP and soft lens care regimes, the solutions' constituents and their purpose Understands the importance of wearing schedules and regular aftercare visits
		5.2.2 Understands both the aftercare of patients wearing RGP and soft contact lenses and the management of any complications	Understands the minor issues which can arise during adaptation or that are identified at the aftercare appointment, and how these are managed Understands the signs and symptoms of serious contact lens complications such as microbial keratitis, severe corneal abrasion, or misuse of solutions, and the appropriate referral procedure

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
6. Low Vision The mangement of low vision patients	6.1 An understanding of the causes of low vision and their effects on vision	6.1.1 Considers the effectiveness of current refraction of patients with low visual acuity and to refer back where appropriate	Understands the main causes of low vision and the effect on vision Checks the date of the last eye examination and when the last spectacles were dispensed and if the patient is wearing those spectacles. Uses a pinhole and confirmation tests to check effectiveness and refer back if necessary Understands the referral procedure associated with unexplained/sudden vision loss Understands the criteria for visual impairment registration and referral
	6.2 The ability to assess a patient with low vision	6.2.1 Understands the assessment of visual function, including the use of specialist charts, the effects of illumination, contrast and glare	Knows the different types of test charts available for distance and near vision and assessment of contrast sensitivity Understands the effects of lighting, contrast and glare on vision
		6.2.2 Understands the assessment of the visual field of patients with reduced vision	Understands <ul style="list-style-type: none"> • the need for visual field tests and the different types available • the different types of field loss e.g. hemianopia, central field loss etc
		6.2.3 Understands binocular vision in relation to low vision appliances	Understands the indications for supplying binocular and monocular LVAs and the use of occlusion, for example, to combat convergence problems with high adds, suitable alignment of binocular telescopes etc
	6.3 The ability to advise on the use of and dispense appropriate low vision aids	6.3.1 Dispenses relevant optical low vision aids and common types of non-optical low vision aid	Questions the patient about their occupation, hobbies and lifestyle in order to dispense an appropriate aid to assist the patient Understands the principles of magnification, field of view and working distance in relation to different aids Knows the availability of non-optical aids such as CCTV, TV reader-systems and aids for daily living, and where to source these aids Trains the patient to use the aid effectively and replace batteries and bulbs if required
		6.3.2 Advises patients on illumination, glare and contrast	Advises patients on <ul style="list-style-type: none"> • the benefit of appropriate lighting in the home • how to minimise different types of glare and how to improve the contrast out of doors and in the home environment, text type, etc can also benefit the patient • selection of appropriate tints
	6.4 The ability to advise, refer and provide aftercare to low vision patients	6.4.1 Advises patients about their impairment and its consequences	Able to empathetically understand and manage the potential concerns of the patient Discusses with the patient their concerns in terms that are easily understood Discusses the management of their impairment, referral and benefits of registration, other sources of help and support
		6.4.2 Understands the need for multi- and inter-disciplinary approaches to low vision care	Understands the importance of a current eye examination, ophthalmological assessment/treatment Able to explain the process and criteria for registration and the associated benefits
		6.4.3 Refers low vision patients to other agencies where appropriate	Knows where and how to access additional support e.g. a resource centre, social services, etc
		6.4.4 Manages the aftercare of low vision patients	Understands factors affecting frequency of aftercare to include; likely progress of pathology, retraining with selected aids, the need for different/ additional aids

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
7.Refractive Management An understanding of methods of assessing vision, refraction, binocular status and visual acuity in all patients	7.1 An understanding of refractive prescribing and management decisions	7.1.1 Understands the refraction of a range of patients by appropriate objective and subjective means	Understands retinoscopy and end-point subjective results Understands appropriate checking methods, e.g. +1.00D blur and use of pin-hole Understands determination of addition power and appropriate range
		7.1.2 Understands the use of ocular diagnostic drugs to aid refraction	Understands different types of ocular drugs and their purpose e.g. mydriatics, anaesthetics, diagnostic stains etc Understands the mode of action, dosage, function and effects and the regulations affecting use and storage of ophthalmic drugs
		7.1.3 Understands the methods of refracting children, cycloplegic drugs and their effects, and understands prescribing and management decisions	Understands <ul style="list-style-type: none"> • the different distance and near test methods designed for children • the function and effect of cycloplegic drugs • the critical period and paediatric prescribing decisions and their purpose, e.g. early onset myopia
		7.1.4 Understands refraction of patients with reduced visual acuity	Understands the testing methods involved with reduced visual acuity, for example LogMar, and the related terms to record low levels
		7.1.5 Understands the investigation and management of patients presenting with heterophoria, heterotropia and amblyopia based anomalies of binocular vision, including the relevance of history and the recognition of any clinical symptoms	Understands <ul style="list-style-type: none"> • signs and symptoms and causes of binocular vision anomalies • the different methods of classification e.g. cover test, pin hole etc • how the patient may be managed, e.g. surgery, prescribed prisms etc
		7.1.6 Understands the objective and subjective tests necessary to investigate binocular vision status	Understands the different objective tests available to assess deviation, e.g. cover and motility tests Understands the different subjective tests available to assess deviation, e.g. fixation disparity tests
		7.1.7 Understands likely management options related to the prescribing of the appliance	Understands the options to include; vision training, refractive correction, modified refractive correction, prismatic correction
		7.1.8 Understands the investigation and management of patients presenting with incomitant deviations, including the recognition of symptoms and referral advice	Understands the use of cover test and motility. Takes accurate history and symptoms – new/longstanding Understands diplopia management options – prisms, occlusion and surgery
		7.1.9 Understands diagnostic methods for patients with field defects	Understands different types of field loss and the causes Understands the adaption of examination techniques e.g. fixation target for cover test/ocular examination

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
8.Ocular Abnormalities An understanding of the relevance of ocular disease	8.1 The ability to recognise conditions and symptoms requiring referral and/or emergency referral and the demonstration of the ability to take appropriate action	8.1.1 Identifies common diseases of the external eye and related structures	Recognises signs and symptoms of external eye and adnexa, for example; keratitis, iritis, blepharitis, chalazion, ectropion, entropion, epicanthus, hordeolum, ptosis, stye, xanthelasma, conjunctivitis, melanoma, pinguecula, subconjunctival haemorrhage
		8.1.2 Understands symptoms associated with internal eye disease	Understands symptoms associated with internal eye disease such as diabetic retinopathy, retinal vascular disorders, retinitis pigmentosa, retinal and vitreous detachment, macular degeneration, for example
		8.1.3 Understands the clinical treatment of a range of significant ocular diseases/disorders and conditions	Understands the surgical treatments, drug treatments and self-treatment such as hot compresses, hygiene regimes, etc
		8.1.4 Understands the clinical treatment of a range of systemic diseases with ocular manifestations and adverse ocular reactions to medication	Understands treatment of a range of systemic diseases, for example, diabetes and hypertension Understands adverse ocular reactions to medication
		8.1.5 Understands the implications of the manifestations of eye disease	Understands how the disease will progress with or without treatment and the prognosis in terms of affecting the vision and likelihood of reoccurrence Demonstrates an awareness of diet and vitamin and mineral supplements that may also be beneficial
		8.1.6 Recognises and deals with ocular emergencies	Recognises an ocular emergency and refers the patient in an appropriate manner.

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
9. Paediatric Dispensing The ability to dispense an appropriate optical appliance, taking into account the development of anatomical features	9.1 The ability to communicate effectively with the child and their carer	9.1.1 Directs communication to the child in appropriate language and manner	Understands the view of a child and elicits information on their preferences Engages the child in discussions and decisions relating to the dispensing Uses appropriate supporting material to aid understanding
		9.1.2 Discusses with the carer as appropriate the factors influencing dispensing	Conveys expert knowledge in an understandable and informative way Establishes and maintains a good professional and clinical relationship Explores patient concerns and provide explanation and reassurance where appropriate Aware of implications in discussing factors with a carer
	9.2 An understanding of paediatric refractive prescribing and management decisions	9.2.1 Understands the methods of refracting children and prescribing decisions	Understands <ul style="list-style-type: none"> • the different distance and near test methods designed for children • the function and effect of cycloplegic drugs • the critical period, paediatric prescribing decisions and their purpose, e.g. early onset myopia
		9.2.2 Understands the investigation and management of children presenting with anomalies of binocular vision	Understands <ul style="list-style-type: none"> • signs and symptoms and causes of binocular vision anomalies • how the condition may be managed, e.g. occlusion, prescribed prisms etc
	9.3 The ability to advise on and measure for the most appropriate paediatric frames	9.3.1 Takes accurate facial measurements	Takes accurate pupillary distance using a range of methods appropriate to age and fixation ability Takes accurate facial measurements and appreciates the implications of anatomical features and how these relate to the final fitting of the appliance Appreciates the difference in features for children from different nationalities, or those with conditions such as Down's Syndrome
		9.3.2 Understands changes in measurements as the facial features develop	Explains the development expected as a child grows and how this affects facial measurements and frame fitting Conveys the importance of frame function in terms of comfort, fit, position and safety
		9.3.3 Advises on appropriate frames and availability of special features	Accurately records frame details, adjustments and appropriate measurements Fits specialist frame parts where appropriate such as specialist bridge and side options Advises on frame shape, size and position with consideration to the prescription and cosmesis
	9.4 The ability to advise and measure for the most appropriate lens choice	9.4.1 Advises on lens choice with emphasis on safety, comfort and cosmesis	Demonstrates appropriate advice for a wide range of prescriptions in terms of materials deemed high impact resistance, such as polycarbonate Considers the weight of the finished lens and any improvements that can be made to overall comfort, such as reduced aperture or aspheric forms Explains how cosmesis may be improved by ordering certain manufacturing techniques such as minimum substance surfacing or altering the form of the lens
		9.4.2 Measures for lens positioning	Accurately measures for lens centration, vertical and horizontal optical centre positioning Considers the pantoscopic angle and vertex distance to ensure a close fit that is not making inappropriate contact with the face
	9.5 The ability to fit, adjust and repair paediatric optical appliances	9.5.1 Fits the appliance effectively and has the ability to adjust and repair the appliance	Ensures the spectacles are a comfortable fit and the child is looking through the appropriate portion of the lens Explains the importance of maintaining a good fit and is able to adjust and repair where necessary Advises the child and carer on how to care for the spectacles

Appendix 4

Portfolio of Patient Experience and Competency Achievement

All students must maintain a portfolio linking the taught element of the route to registration, the students clinical experience and the achievement of GOC core competencies.

The portfolio should be structured to include the following:

Part A - Formal acceptance of responsibilities of supervision (page 6 of handbook)

Part B - Documented evidence, signed by the supervisor, of at least **1600** cumulative hours of clinical experience worked under supervision.

The evidence must include the following details for each session claimed towards the 1600 hours total:

- Date
- No of hours supervised
- Patient identifier e.g. patient number of initials and date of birth
- Dispensing activity undertaken
- Supervisor signature

The experience must include evidence of the student having correctly completed the following minimum number of Dispensing tasks:

- 200 Spectacle Dispensings and ordering of a new frame and lenses - including 50 Bifocals / Progressive power lenses and 10 prescriptions over 10 dioptries
- 200 Checkings of completed spectacles – including 100 Bifocals / Progressive power lenses, 20 prescriptions over 10 dioptries and 5 with prescribed prisms
- 200 Spectacle Collections – including 50 Bifocals / Progressive power lenses and 10 prescriptions over 10 dioptries
- 200 Spectacle Frame Adjustments/Repairs – including 50 Bifocals / Progressive power lenses and 10 prescriptions over 10 dioptries

Type of patient / case	Minimum Number Required
Paediatric dispensing - to include at least three pre-school children	8
Low Vision - to include details of assessment, the low vision aids (optical or non optical), the training given in the use of aids, and the proposed aftercare regime	1x dispense of complex LVA 3 x advice on illumination, glare & contrast 1 x dispense of hand magnifier
Rx over +/-9.75D	5
Rx from +/-5.00 to +/-9.75D	8
Bifocals	2
Progressive powers and trifocals	6
Occupational dispensing	5
Involvement in a patient referral for pathological reasons	2
Sports eyewear dispensing	2
A Prescription for gross anisometropia	2
Prescribed tints	2
Personal eye protection	2
Contact Lens – close observation of the initial assessment, fitting, collection and aftercare of a contact lens patient	1

Part C – 50 Specific case records evidencing the student has seen the required number and range of cases as detailed below. Dispensings to include facial measurements, frame and lens selection, ordering, checking, collection, adjustments and advice.

Part D – Evidence of achievement of the GOC Core Competencies, with each individual competency element to be signed off by the person responsible for assessing achievement. Achievement should be evidenced for each element within the competency framework by the assessor having satisfied themselves that the performance criteria have been demonstrated. Indicators provide guidance on how this could be evidenced.

Providers will be expected to demonstrate to the GOC that persons responsible for the signing off of competencies are suitably qualified. Route to Registration documentation must map where and how each competency element is assessed.

Achievement of each individual element will be assessed by using the associated performance criteria. Indicators provide guidance on how this could be evidenced.

The “Ability to do” aspect of each competency must be evidenced by a practical demonstration on a suitable patient assessed by an approved assessor. The portfolio must include auditable evidence of how the competence was demonstrated.

“Understanding of” competencies can be evidenced through practical demonstration or by a written or oral assessment.

Appendix 5

General Optical Council Statement of Equality and Diversity

The GOC is committed to promoting and developing equality and diversity in all our work. We want to be sure that our policies, procedures and ways of working are fair to all individuals and groups, regardless of their ethnic origin, race, gender, gender identity, religion or religious belief, disability, sexual orientation or age.

The GOC considers that all of our public functions are relevant to our Race, Disability and Gender equality duties, as well as to our commitments in relation to equality in respect of age, religion and religious belief and sexual orientation. In particular, we believe that the GOC has a critical role to play in ensuring that the following are free from discrimination:

- access to optometry and dispensing optics training in the UK
- registration as an Optometrist or Dispensing Optician in the UK
- access to our registers, public meetings and information
- our complaints and Fitness to Practise processes
- employment with or appointment to the GOC, its Council and committees.

Provider(s) are expected to demonstrate a commitment to widen participation and make appropriate induction arrangements for students with different needs, including the arrangements for assisting the induction of overseas students.

Students with a disability

The GOC expects training or educational establishments to comply with the Disability Discrimination Act 1995 and to take positive steps to encourage and facilitate the uptake of courses by disabled students.

The duty under the Act to make 'reasonable adjustments' requires that you find out how you can adapt your courses to meet the needs of students with disabilities. The duty is only to make 'reasonable adjustments' such that you do not have to make every adjustment that a student asks for. You cannot however claim that an adjustment is unreasonable only because it is expensive or inconvenient. You should not moreover take into account your own view as to whether the student is likely to be able to obtain employment at the end of the course, as this is likely to be discriminatory.

Whether or not an adjustment is reasonable will depend on many factors, including:

- the cost of the adjustment (you should, in most cases, obtain costings)
- the effect of the adjustment.

Consideration of the effect of the adjustment will include whether the student will be able, with the adjustment, to meet the GOC's competencies. If you are unsure about this point, you should liaise with the College of Optometrists or Association of British Dispensing Opticians.

In the event that you are minded to refuse an adjustment because in your view the student would not meet the GOC competencies, it is recommended that you contact the GOC. The GOC will, in these circumstances, consider whether the competency or competencies in question are potentially discriminatory. The GOC's role will be restricted to consideration of this question. Even if the GOC takes the view that a particular competency is not discriminatory, it will remain the responsibility of the training or educational establishment to decide whether it is reasonable to make the adjustment in question.

Registration of Students - A Guide for Training Providers

About this guidance

This guidance has been prepared for teachers and other staff at education providers dealing with students who are currently or are considering studying towards a qualification in optometry or dispensing optics.

The document provides a simple guide to the General Optical Council's (GOC) key processes and timelines regarding the registration of optical students, including information on our requirements, policies and best practise advice. The guidance is intended to help you and your students deal with the registration process smoothly.

This guidance should be read in conjunction with the more detailed information that is provided in the GOC's four Handbooks covering the requirements for the approval of optometry and dispensing optics courses, independent prescribing specialities and schemes for registration in the UK. The Handbooks are available in the Publications section of the GOC website, www.optical.org.

What is the General Optical Council?

The GOC is the regulator for the optical professions in the UK. We regulate opticians, students training to be opticians, and optical businesses in the UK. There are currently around 24,000 optometrists, dispensing opticians, student opticians and optical businesses on our registers. We get our powers from an Act of Parliament called the Opticians Act.

GOC student registration

The General Optical Council is required by section 8A of the Opticians Act 1989 (amended 2005) to maintain a register of persons undertaking training as optometrists and dispensing opticians.

All persons undertaking training provided by an approved training establishment, or obtaining practical experience or professional assessment in the work of an optometrist or dispensing optician, are required to be registered with the GOC. It is a criminal offense under section 28(1)(cc) of the Act for anyone to hold themselves out as being a student registrant while not being GOC-registered.

Student registration is intended to make students personally accountable for their conduct and to ensure that they do not pose a threat to the safety of the public while training. Requiring students to register with the GOC helps them develop a working knowledge of professional behaviour, ethics and values, as they are bound by the same GOC Code of Conduct as full registrants.

It is therefore very important that all students who are studying towards a qualification in optometry or dispensing opticians on a GOC-approved training course are registered with the GOC as students. Students who are not registered with the GOC during their studies may be:

- Breaking the law.

- Not able to sit examinations or participate in clinics or training.
- Not able to have their qualifications recognised.
- Not be covered by any indemnity insurance policy.

The role of training providers

Approved training providers are required under the terms of their GOC accreditation to ensure that all students undertaking training, assessment or practical experience for the purposes of becoming an optometrist or dispensing optician are registered with the GOC for the duration of their training.

We need the assistance of training providers to confirm that all the students enrolled on a GOC-approved training course are registered with us. This is both to ensure that all those who are studying towards an optical qualification are properly GOC-registered, and to ensure that no one can represent themselves as being a registered student optometrist/dispensing optician without actually being enrolled on an approved course.

Specifically, training providers can help us in the following areas regarding student registrations:

1. Registering new students
2. Retaining continuing students on the GOC registers
3. Ensuring that all current students are registered during their studies
4. Dealing with those students who have been removed from the GOC registers

1. Registering new students

Our requirements

New students who will be studying towards a qualification in optometry or dispensing optics are required to complete an application for GOC registration as a student optometrist or dispensing optician, and pay the application fee. The application should be completed and processed before the student begins studying.

The student registration year begins on 1 September of each year. New students who will begin their studies after that date but who apply for registration in the previous registration year will have their applications processed by the GOC when they are received, but will not be added to the student registers until 1 September.

Registration Process

The GOC will liaise with each training provider to provide the correct number of registration application forms that are required, and send these ahead of the enrolment period. We will also include copies of guidance for students on the role of the GOC and the student registration process.

- Training providers should provide all prospective optometry/dispensing optics students with a paper copy of the GOC student registration form. Ideally, the registration application form and student guidance booklet should be included with the letter offering the student a place on the training course. This helps minimise any delay in registration at the start of the student year.
- To ensure that the GOC student register is accurate, all student registration forms must be signed and stamped with an official training establishment stamp. If any forms are missing a signature and stamp, the GOC Registration Department will

contact the training establishment for written confirmation of enrolment. If we are unable to confirm the student's enrolment with the training institution, we will return the application to the student – to avoid this happening unnecessarily, it is important that we have access to an appropriate point of contact at all training institutions, including in the summer holiday period.

The GOC holds student roadshows each year, at the beginning of the student year. These enable us to have face to face contact with first year students and to provide essential information. Wherever possible, we also collect any outstanding registration forms and payments at these events.

2. Retaining continuing students on the GOC registers

Our requirements

All continuing students, who will already be GOC-registered, are required to apply each year to renew their GOC registrations. This is known as 'retention'.

The student retention year runs from **1 September to 31 August** of each year. All continuing students need to complete their application for retention and pay the appropriate fee **by 15 July each year**, or else pay a late payment fee. If the application is not fully completed and approved by 31 August of each year, students may be removed from the student register from 1 September.

Each year we send notifications by post and email to all registered students by 1 April, reminding them of the need to apply for retention.

We advise students to submit their application for retention as soon as possible each year if they intend to continue their studies. We recognise that students will often wish to wait for their exam results before making a decision on whether to continue – we will, however, refund any students who have applied for retention of their registration but subsequently decide not to continue their studies, as long as they inform us before the end of the retention year on 31 August.

As part of their applications for registration/retention, all students are required to submit declarations regarding anything that might affect their fitness to undergo training – criminal convictions or cautions, disciplinary proceedings or health issues. Consideration of these declarations can take some time, as sometimes additional information or clarification is required – it is therefore especially important that continuing students who think that they may need to make a declaration submit their application as early as possible, to allow it to be considered and their application processed before the start of the new retention year.

Retention process

Note: the student retention process is improving in 2011. All current GOC-registered students can now complete their applications for retention through our website www.optical.org, by logging into the secure 'MyGOC' registrants area.

This online retention system eliminates the need to complete and send a paper application form (although paper forms are still available on request), and is much quicker and more secure than the paper system. More information on using the MyGOC area is available on the GOC website.

Each year, by 1 April we will contact all current students by post and email to remind them to complete their applications for retention by the 15 July deadline.

- Training providers can assist us by reminding students of the importance of renewing their GOC registration before the deadline, and encouraging students to complete their applications early.
- Additionally, training providers can remind students to keep their contact details up to date, to ensure that they receive all GOC notifications and reminders. Contact details can now be updated at any time in the MyGOC area of the website.

3. Ensuring that all students are properly registered during their studies

Our requirements

As noted above, it is a legal requirement that students who are training towards becoming an optometrist or dispensing optician are registered with us. It is also a legal requirement that anyone registered with us as a student must be currently studying towards an approved optical qualification.

As noted earlier, training providers are required to ensure that all students are GOC-registered for the duration of their training. In particular, training providers should be satisfied that any students sitting examinations/assessments that count towards their GOC-recognised qualification or undertaking supervised clinical practice have a current and valid GOC registration when undertaking these activities.

Process for checking student registrations

There are three key ways that training institutions can ensure that students are properly GOC-registered:

- Providing us with a class list of all enrolled students and following up discrepancies
- Checking students' registrations at key times
- Checking our Annual Removals and Monthly Amendments lists

Class list checks

Each year we check our list of registered students against a list of all students who are enrolled in approved optical training around the UK. Where there is any discrepancy, we will seek further information and, if necessary, either remove the student from the register (if they are not properly enrolled in an approved course) or liaise with the training provider to ensure that the student either registers with the GOC or ceases training.

To perform this cross-check of registration and enrolment information, we request that training providers provide us each year with class lists of all students enrolled on GOC-approved courses, in the format requested.

- Training providers can assist us by providing us with their class lists as soon as they are available each year. We request that the lists be provided by 1 October – this is to enable us to identify any discrepancies as soon as possible, and address them. Class lists should be provided to us in an electronic format (ideally as a spreadsheet).

We recognise that it can take some time for training providers to finalise their class lists, as students may enrol late or change courses. However it is important that the class lists be provided to us in good time to ensure that legal requirements are met.

At any time during the year, we can also produce a list of GOC-registered students who have indicated that they are registered with a particular training provider. If a training provider would like to run their own checks of our register against their enrolment

records/class lists at any time during the year, we can provide the relevant list. Providers should contact the GOC Registration Department to request a copy (contact details below).

Student registration cards

From 2011 we will be issuing all registered students with an annual GOC registration card. This will be sent out after the beginning of the retention year from 1 September of each year. Each year the card will be colour-coded and dated to help training providers easily confirm that the student's card is valid for the current retention year.

- We recommend that students be asked to show their current GOC registration card before sitting key examinations or assessments. The registration card is not definitive proof that a student is currently registered (this is because the card is issued at the start of the year, and some students may be removed from the registers during the year – which is why it is important that the monthly amendments list is checked, see below). However, in most cases having a current registration card will mean that a student is currently registered.

The GOC's new online retention process will also make it easier for training providers to ensure that continuing students are correctly GOC-registered from the start of the study year. All continuing students who complete their application for retention (including those who apply using a paper form) will be able to download and print a confirmation form and receipt from the secure MyGOC area of our website, once their application has been submitted.

The confirmation form, together with the payment receipt, will provide evidence that the student has applied for retention of his or her GOC registration, if the annual registration card has not yet been received in the post.

- At the beginning of the student year, training providers should ask that students show a copy of their GOC registration confirmation form and receipt before undergoing training, if their current registration card is not yet available.

Annual Removals and Monthly Amendments lists

After the end of each retention year on 31 August, we produce a list of all students who have been removed from the registers due to failing to renew their registration. This student removals list is emailed each year to our contact point at each training provider. Many of these individuals will have completed or not be continuing their studies; however, some may have failed to complete their application for retention, but intend to continue training.

- Training providers should check the GOC annual removals list against their enrolment list, to identify any continuing students in their enrolment list who have been removed from the GOC register.
- Where we identify any unregistered students by checking the class lists, we will contact the training provider to inform them of this, as well as attempting to contact the student concerned. Training providers can assist us by also contacting that student to inform them of the need to register. Frequently, the reason that the student has not registered with us is because the contact details that we hold are incorrect or have become out-of-date – in these cases training providers are in a better position to contact the student.

During the year, a small number of students may be removed from our registers. This can be due to a Fitness to Practise finding, or for administrative reasons. Each month, we generate a list of all students who have been removed from the registers. This list of monthly amendments to the registers is also emailed to our distribution list.

- Training providers should check the GOC monthly amendments list against their enrolment list, to identify any continuing students in their enrolment list who have been removed from the GOC register.

4. Dealing with students who have been removed from the GOC registers

Where we remove a student from our registers, we will attempt to contact them to inform them of the removal (following a 28 day right of appeal). If the student wishes to continue training towards a qualification in optometry or dispensing optics, they will need to apply to restore to the registers.

As a rule, all unregistered students should not be allowed to undergo training, work with the public, or take any examinations or assessments towards an optical qualification until they have restored to the GOC register.

If we are aware that a student has undergone training while not registered, we are likely to require relevant parts of the training/practical assessment/examinations to be repeated before the qualification can be recognised, to ensure that appropriate standards of conduct and performance are met.

In some cases (where there is evidence that an unregistered individual deliberately misrepresented himself/herself as a student registrant), we may consider a criminal prosecution for misuse of title.

Process for dealing with unregistered students

As noted above, we will inform the relevant training providers of any students who are not currently GOC registered, either through the list of student removals, following the class list cross-check, or at any other time.

Students who wish to restore to the registers are required to complete a paper restoration application form, and pay an additional restoration fee (plus the full standard registration fee). The restoration application form requires students to provide information regarding any practical training or examinations/assessments they have undergone while unregistered, their supervision during that period, and whether they have represented themselves as a student registrant during the period of non-registration.

- Where necessary we may request information from the student's supervisor or training provider to confirm the information supplied. Training providers can assist us by dealing with these requests as quickly as possible, to minimise any disruption to the student's studies while their application for restoration is considered.

Students who confirm in their application for restoration that they have undertaken exams or assessments while unregistered are generally restored to the register, but are sent a letter informing them that those exams or assessments will not count towards their final qualification. A letter is also sent to the training establishment/supervisor to ensure that the required action is taken.

- Training providers are required to ensure that any unregistered students do not undertake training towards an optical qualification while not registered.

We recognise that it may not be practical to take attendance or require evidence of GOC registration to be shown at every class. However, where an enrolled student has been identified as being unregistered, it is particularly important that that individual is not permitted to undertake any practical experience or assessment that involves working with the public (including with other students), or to sit examinations.

For this reason, training institutions are expected to have processes in place to make reasonable checks at key points throughout the duration of an approved course, e.g. at the start of each year of the programme and before key assessments or examinations which count towards the GOC recognised qualification.

- Were it has been identified that a student has undergone an examination/assessment while unregisters, training providers should cooperate with the GOC to ensure that appropriate action is taken as quickly as possible (eg arranging for those examinations/assessments to be retaken).

If there are exceptional circumstances that may argue for a student to be allowed to undergo training towards an optometry or dispensing optics qualification while not GOC-registered, we will consider these on a case-by-case basis – the student and/or the training provider should contact the GOC to discuss this situation.

How to find out more

If you have any questions about our education policies or processes, or wish to discuss an individual student's circumstances with us, please contact:

Linda Kennaugh
Head of Education and Standards
General Optical Council
41 Harley Street
London
W1G 8DJ
DDI: 020 7307 3460
Email: lkennaugh@optical.org

If a current or prospective student has a query regarding GOC registration, they can contact our Registration Department:

Registration Department
General Optical Council
41 Harley Street
London
W1G 8DJ
Phone: 020 7580 3898 (option 1)
Email: registration@optical.org