



## **COUNCIL**

### **ESR implementation plan**

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**Meeting:** 13 November 2019

**Status:** For decision

**Lead responsibility:** Dr Subo Shanmuganathan (Interim Director of Education)

**Paper author:** Peter Loader (ESR Project Manager)

**Council lead:** Dr Josie Forte

#### **Purpose**

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1. To seek Council's approval of the Education Strategic Review (ESR) implementation plan.

#### **Recommendations**

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2. Council is asked to approve the implementation plan for the ESR, in conjunction with the impact assessment.

#### **Strategic objective**

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3. This work contributes towards the achievement of the following strategic objective: learning and development of optical professionals. It is also included in our 2019/20 Business Plan.

#### **Background**

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4. Council considered a paper on key developments of the ESR in May<sup>1</sup> and July<sup>2</sup>. It was agreed that the Executive would develop an implementation plan based on the five proposals and return to Council to present it.
5. Since then, we have published our response to the consultation findings<sup>3</sup>, and conducted significant stakeholder engagement to set out the issues and seek feedback on implementing the five proposals. This included consulting with the newly-formed Expert Advisory Groups<sup>4</sup>, Education Visitor Panels, the Advisory Panel, our Education provider forum as well as our continued engagement with key stakeholders such as the four nations' governments, commissioners, health and education regulators, professional and membership bodies.

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<sup>1</sup> [Council Minutes May 2019](#)

<sup>2</sup> [Council Minutes July 2019](#)

<sup>3</sup> <https://www.optical.org/en/Education/education-strategic-review-esr/esr-policy-development-and-research.cfm>

<sup>4</sup> [https://www.optical.org/en/news\\_publications/news\\_listing.cfm](https://www.optical.org/en/news_publications/news_listing.cfm)

## Analysis

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6. The proposed plan has been developed using feedback obtained from a significant number of stakeholders as listed above. In this paper, we highlight key considerations that were taken into account when developing the plan.
7. We believe that the implementation plan below presents the shortest timeline in which providers can realistically prepare to deliver new courses. It also provides a reasonable window in which to address any issues that may arise, including those stemming from concerns of stakeholders, as detailed in our consultation response report. However, we have provided a summary of alternative implementation approaches for each of the different stages in **annex two** for Council's consideration.
8. This implementation plan is currently focussed on Optometry and Ophthalmic Dispensing programmes; the transition for postgraduate courses will be considered in more detail in a subsequent paper, having finalised the Optometry and Ophthalmic Dispensing initial education and training learning outcomes.

## Summary of implementation plan

9. The proposal is that ESR implementation is divided into three stages:
  - Stage one: Key deliverables
  - Stage two: Provider readiness
  - Stage three: Implementation
10. There are four key deliverables, which will be produced in stage one:
  - Learning Outcomes for students
  - Education Standards for providers
  - Common assessment framework
  - Standards evaluation (QA) framework
11. Programmes will then need to be re-approved under the new criteria, including the single point of accountability. The GOC will complete an approval process in order to verify that the Learning Outcomes are in place and that the programme meets the new education standards.
12. During implementation, providers will still be responsible for delivering high quality programmes. As providers will be dual-running courses (against the old and new education standards and core competencies/learning outcomes), our proposed quality assurance processes for this period will seek to encourage providers to work towards the new standards, whilst ensuring that quality does not drop.
13. A summary of activities in each stage is listed below. Please refer to the Gantt chart in **annex one for further detail**.

**Stage one: Key deliverables (September 2019 – summer 2020)**

14. We are working with our GOC Expert Advisory Groups (EAGs)<sup>5</sup> to develop the key project deliverables:
  - Learning Outcomes for students
  - Education Standards for providers
  - A common assessment framework
  - A standards evaluation (QA) framework (SEF).
15. This stage includes wide public consultation and feedback. In order to maximise the involvement of stakeholders that are able to contribute to this work, work carried out by the EAGs is summarised and posted on an online Open Canvas platform for review and comment. Feedback received through Open Canvas is fed back into the EAGs for their consideration. We will ensure that we consult on the finalised deliverables, although we anticipate this being a short consultation of no more than four weeks, due to the ongoing engagement and consultation that will be undertaken in drafting the deliverables.
16. This stage will end in July 2020. Completed deliverables will be published in the summer of 2020.

**Stage two: Provider readiness**

17. During this stage, education providers will prepare for implementation. This includes refreshing their course content, mapping it to the new learning outcomes, reviewing their models of delivery, establishing contractual agreements, internally validating/approving their courses and seeking GOC approval of their new course. The new course must meet our new education standards and learning outcomes, before it can begin (and the provider enters stage 3).
18. We will work with all stakeholders to provide appropriate support. This will include producing guidance for providers to set out the GOC approval process during this stage. We will work with all education providers (including their senior management teams) to support them throughout the transition and, in order for us to manage our approvals schedule, providers will also be supplied with a GOC self-assessment template to submit with details of their intended plan. We will ask each education provider to identify ESR leads with whom we can liaise about the implementation.

**Stage three: Implementation**

19. Following successful GOC approval, providers will begin teaching their new courses. We do not anticipate all providers being ready at the same time. For this reason, we will work with providers to determine which tranche may be realistic for them:

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<sup>5</sup> <https://www.optical.org/en/Education/education-strategic-review-esr/index.cfm>

- **Early adopters (first tranche):** who will take their first cohort of students through the new framework in September 2022.
  - **Second tranche:** September 2023
  - **Third tranche:** September 2024.
20. We will work with the early adopters to monitor their progress and feed any lessons learned into the following tranches. We will also support and monitor the progress of all providers towards readiness to implement the new courses.
21. We acknowledge that some providers have said that they may need up to five years (from when the deliverables are published) to be ready to take their first cohort through the new scheme, which would mean that their first cohort under the new framework would start in September 2025. We believe that this is too long and rather than create a fourth tranche, we hope that we can provide some support to enable these providers to progress more quickly.
22. It is therefore proposed that all new cohorts from 2024 onwards will be attending courses against our new Education Standards and new Learning Outcomes.

### Quality Assurance through transition

23. Throughout the implementation, providers will still be responsible for maintaining high quality programmes and meeting our current standards but, from stage two, we will start to assess the programmes against the new education standards for providers and apply the standards evaluation framework to all programmes.
24. This will enable us to move towards the ESR principles and bring out the benefits that we seek such as proportionate regulation, improved focus on Equality, Diversity and Inclusion, clear accountability, and will help providers to understand the information that we will require to evidence how they meet our standards.
25. If there is a conflict between the current and new standards, for example with current standards being more prescriptive than the new standards, we will look for sufficient assurance that the overarching standard is met and will review this on a case by case basis. This approach will help to reduce the impact on providers during the dual-running period.
26. The GOC will work with providers during the implementation and as part of the Annual Monitoring Review process to assess progress, which will include each provider having their own indicative transition plan with the GOC, to enable us to manage our resources and ensure approvals are conducted in a timely and efficient fashion as well as ensuring our other quality assurance activity is proportionate during this time of transition.

27. This will mitigate some of the risks and impacts associated quality assurance during the transition raised through our stakeholder engagement, such as GOC resourcing, timeliness for approval, and minimising regulatory burden for providers who are dual-running programmes.

### Implementation of specific proposals – evaluation

28. Since the last Council meeting, we have further evaluated the proposals that were agreed and sought additional feedback from stakeholders including EAGs, EVPs, education providers, to understand the impacts and mitigations related to each proposal. The full impact assessment is attached at **annex three**.

### Finance

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29. This work can be completed within current project budget.
30. We have considered value for money within the recommendation in this paper. In order to be as cost effective as possible:
- we will simplify the approval process for courses that already have GOC approval during the transition,
  - we will use the individual programme transition plans to consider our quality assurance schedule during this period.
  - we will consider other forms of support to enable providers to transition earlier, reduce barriers to change and mitigate risks of course closures.

### Risks

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31. There is a risk that the key project deliverables will not be completed on time.
- Low likelihood and medium impact
  - Mitigation: The project schedule includes sufficient time to complete these documents. In the unlikely event of delay, we will extend the EAGs to complete the deliverables. We have ensured that sufficient resource is allocated to the project.
32. There is a risk that insurance companies may be unwilling to provide registrants with professional indemnity cover based on new programmes of study.
- Low likelihood and medium impact. Courses approved by the GOC will have met the recognised standard for professional practice, and the clinical risk will not increase significantly, so it is unlikely that insurers will refuse to offer cover, or premiums will significantly increase.
  - Mitigation: Insurers will be engaged during the development process to confirm that cover can still be provided.
33. There is a risk of a lack of stakeholder buy-in to the ESR implantation plan or, that timelines are deemed unworkable.
- Likelihood medium and impact high

- Mitigation: We have been working with numerous stakeholders to seek their views on timelines and impact mitigation and the proposed timeframes have been broadly well received. We have ensured that we support phasing, where possible, and this plan will help to clearly state the direction of travel so that the sector can prepare for implementation. Going forward, we will continue to engage with stakeholders and will ensure that we deliver support (within the boundaries of a regulator's remit) throughout the implementation. In addition, we will run roundtables to bring together the sector to encourage collegiate working and problem resolution.
34. There is a risk that funding may be limited and/or prevent providers from implementing changes. There are a number of associated risks regarding funding, such as:
- there is a risk that a reduction in humanities students may negatively impact the science and clinical programmes which are often subsidised through internal provider arrangements.
  - there is a risk regarding the uncertainties around the impact of the UK leaving the EU, or of further delays in decision making. This may reduce the number of EU students registering at UK universities and negatively affect university finances.
  - providers may require additional support to implement key changes such as mapping the curriculum to the new learning outcomes, agreeing contractual arrangements for the route to registration and/or placements, and increasing clinical content, and not have the resources to do so.
  - Medium likelihood and high impact
  - Mitigation: We have published information about funding considerations in our latest Consultation Response report to encourage the sector to think innovatively about how to meet our proposed new standards and we have taken steps to ensure that we understand the funding flows in the sector. For example, positive discussions around funding with the four nations' governments have begun at a senior level. We are now encouraging the sector to take the lead in this dialogue. We plan to support these discussions by featuring funding at a future roundtable event. We have discussed funding with providers and have asked providers about their appetite to explore clinical tariff eligibility.
35. GOC resourcing: There was a risk raised regarding the GOC's capacity to manage such change with our approval and quality assurance processes.
- Low likelihood and medium impact
  - Mitigation: The GOC will work with providers during the transition and as part of the AMR process to assess progress in transitioning, which will include each provider having their own indicative transition plan with the GOC, to enable us to manage our resources and ensure approvals are conducted in a timely and efficient fashion. We have continued to improve our operational efficiency, including changing to exceptions reporting which has reduced report turnaround time by 70 per cent.

## Equality Impacts

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36. An equality, diversity and inclusion impact assessment has been completed and is attached at **annex three**. Below are two key potentially adverse equality impacts and our mitigation.
37. Increased requirement for clinical experience may mean extra travel and time away from home. This may be an issue for students from socially conservative backgrounds whose freedom of movement outside certain hours may be limited. This impact will not apply equally to all providers although the impact of increased travel upon disabled students will probably apply equally.
- Provider mitigation: Providers will need to ensure they take this into account when organising their work placements, in course advertising, and they will need to consider an individual student's needs and make reasonable adjustments as necessary. There are numerous other Allied Health courses who have similar arrangements and, through being transparent and providing adequate support to students, enable the prospective students to make informed choices and experience high quality placements.
  - GOC mitigation: The implementation plan gives reasonable time for providers to consider this within the 'provider readiness' stage (two).
38. Increased course fees or longer durations of study without salary may limit access to students from poorer backgrounds.
- Provider mitigation: The requirement for more clinical content and a more integrated approach does not automatically mean that the course duration needs to be extended. For example, the requirement for increased clinical content could be offset by removing parts of the existing curriculum that are of limited relevance. Feedback from many practicing Optometrists and Dispensing Opticians, some academics within education providers, and from students, suggests that some existing course content may not be required and could be removed in favour of increased clinical content and patient exposure. Providers will therefore be encouraged to think innovatively about their curriculum design and course duration.
  - GOC mitigation: The proposed implementation plan includes provision for the GOC to understand the providers' intended plans through the self-assessment and identify any significant outliers.

## Devolved nations

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39. The following impacts for devolved nations have been identified:
- There are no implications for the Welsh Language Scheme (WLS) at present, however we will need to review this as the WLS develops.
  - Funding and commissioning is different across the four nations. We will need to be aware of these differences and encourage discussion between key stakeholders – which is already underway,

- Education regulation is different across the four nations, so we will need to make sure our standards are in line with those of each nation. Moving to a principled approach to setting education standards enables us to mitigate these differences whilst upholding standards.

## Other Impacts

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40. Single point of accountability: Implementing this will involve creating new contractual agreements, which may have a resource impact on both education and placement providers. There may also be an impact on providers (or the single accountable point) if students litigate in the event of an unsatisfactory experience from the subordinate party in the arrangement which means that the quality management mechanisms in place will need to be robust. Providers are responsible for making the necessary contractual arrangements in line with the applicable regulations. This will take place in stage two (provider readiness).
- Mitigation: These impacts are mitigated through the phased implementation plan and the quality assurance approach throughout implementation.
41. Common assessment framework: We have explored this topic in our consultation response report 2019. In our current education system, there are well-established mechanisms which help to mitigate some of the impacts raised related to this proposal – such as the use of external examiners and internal quality management mechanisms.
- Mitigation: To ensure high quality assessment and consistency between providers, we are committed to working with the sector to develop robust quality assurance processes, drawing on the experience of other healthcare and education regulators and oversight bodies. This will be completed in stage one – key deliverables.
42. Earlier patient exposure, more focus on communication skills, clinical leadership, and professionalism: This was overall seen as a very positive step forward – including to help to retain newly qualified individuals in the profession. Providers raised questions about how they would know if their plans would adequately meet the GOC expectations.
- Mitigation: We will set out our expectations through our new education standards and standards evaluation framework. We will encourage providers to be innovative in their course design and for them to clearly explain their plans as part of the approval process. We will have open discussions with providers about progress made against their implementation plan and encourage providers to demonstrate how they will meet our standards.

## Communications

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### External communications



43. ESR stakeholders will be informed of Council's decision as part of routine project reporting. Wider dissemination of the decision will take place through press releases and the GOC website.
44. We have launched an ESR specific mailing list and a mailbox [esr@optical.org](mailto:esr@optical.org)

**Internal communications**

45. We produce a monthly Highlight Report and provide internal updates to staff.
46. The Education Visitor Panel members meet three times per year. Briefings and training are provided.

**Next steps**

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47. Once the implementation plan is approved, we will revert to Council for subsequent course approvals and to provide an update on our progress. The key deliverables to be produced in Stage 1 will also come to Council.

**Attachments**

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- Annex one: Gantt chart
- Annex two: Alternative implementation approaches
- Annex three: Impact Assessment

Annex one: Implementation Gantt chart

	2019		2020				2021				2022				2023				2024				2025					
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
<b>Stage one: GOC deliverables</b>																												
Learning Outcomes	█		█																									
Education Standards	█		█																									
Standards Evaluation (Quality Assurance) framework (SEF)	█		█																									
Common assessment framework	█		█																									
Consultation (standards and learning outcomes)	█		█																									
Council sign off (standards and learning outcomes)	█		█																									
Consultation (SEF & common assessment framework)	█		█																									
Council sign off (SEF and common assessment framework)	█		█																									
<b>Stage two: Provider readiness</b>																												
Introduce new education standards to all providers			█				█				█				█				█									
Provider preparation			█				█				█				█				█									
Providers submit self-assessment form			█				█				█				█				█									
<b>Stage three: Implementation</b>																												
Tranche 1 (early adopters) application submission							█																					
T1 GOC approval activity							█																					
T1 GOC approval decision							█																					
T1 New programme commences											█				█				█				█					
Tranche 2 application submission											█																	
T2 GOC approval activity											█																	
T2 GOC approval decision											█																	
T2 New programme commences															█				█				█					
Tranche 3 application submission															█													
T3 GOC approval activity															█													
T3 GOC approval decision															█													
T3 New programme commences																			█				█					

**Annex two: Implementation alternatives**

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**Stage one alternatives:**

**Recommended option:**

This stage will end in July 2020. Completed deliverables will be published in the summer of 2020. This is an ambitious target due to the types and complexities of the documentation, however it is important to maintain a strong pace to enable the ESR outcomes to be realised.

**Stakeholder views:** This is generally viewed as realistic. Many stakeholders desire clarity and providers want to develop their courses and need to be certain of GOC expectations.

**Impacts considered in making this recommendation include:**

Resourcing, stakeholder input and consultation (including the most recent consultation response report September 2019).

**Mitigations:**

- We have established two new EAGs for these specific tasks and sought to bring together wide-ranging views to maximise the diversity of input, ensure the deliverables are fit for purpose and that we have good stakeholder buy-in.
- We have set out our intention for a collegiate approach and are encouraging stakeholders to work with us to develop these deliverables.
- We are using the Open Canvas approach as part of our commitment to transparency and genuine desire to enable feedback from individuals who are not in the EAG groups.
- We have increased the GOC ESR team to increase capacity.

**Alternative options are:**

Speed up	Speeding up would involve either reducing the amount of external input, or reducing the time between EAG meetings. Both of these options carry risks towards quality of output and achieving stakeholder engagement.
Slow down	Slowing down would not address the concerns that we heard during our previous consultation regarding education providers wanting clarity to enable them to make changes which they already want to make, but being reluctant to do so for fear of it being different to the GOC's expectations.

**Stage two alternatives:**

**Recommended option:**

Since we are working in 12-month increments, a two-year provider readiness stage has been recommended.

**Stakeholder views:** This has been generally supported and viewed as a reasonable timescale by many stakeholders.

**Impacts considered in making this recommendation include:** Funding, resourcing required in GOC and for providers and stakeholders.

**Alternative options are:**

Speed up - less than two years:	At this stage of the project, providers are not clear regarding how long they will need to prepare. They will be in a better position to know once the new Learning Outcomes and Education Standards have been written as they will be able to complete a gap analysis. Given this uncertainty it is prudent to allow providers plenty of time to set up. One year may be possible for some agile organisations but this is unlikely and could be easily derailed by internal issues such as staff departures or competing priorities. This makes two years the next appropriate duration.
Slow down: Three years or more:	Building in a three year work up period would be excessive and could impact on the requirement that the change needs to happen. It would also delay the necessary changes for a further year resulting in schemes producing registrants without the skills they need to meet the demands outlined in the ESR evidence pack.
Not setting a timeline	This is likely to result in the failure of practitioners to meet patient needs for a generation, as well as an inconsistent approach across providers.

Stage three alternatives:

<p><b>Recommended option:</b> We enable four tranches of providers so that all providers can follow a clear transition process.</p> <p><b>Stakeholder views:</b> This has been generally supported and viewed as a reasonable timescale by many stakeholders.</p> <p><b>Impacts considered in making this recommendation include:</b>                  Funding – we will consider further types of support, in order to speed up their transition time.                  Efficiency: it is more efficient and effective for this stage to be as short as possible in order to minimise double-running of courses, however this must be balanced with realistic understanding of resource constraints and internal processes within the education providers.</p>	
<p>Alternative options are:</p>	
<p>Speed up:  Final tranche is the second tranche, in 2023</p>	<p>Feedback from some providers was that transition would take them five years to transition. It is unlikely that providers will see this as a fair and reasonable timescale, especially considering external pressures that they reported in the Annual Monitoring and Reporting and the ESR consultations.</p>
<p>Final tranche is a fourth tranche, in 2025.</p>	<p>This option would give providers an extra year to complete transition and would match the maximum five years implementation timeframe from documentation finalisation which some (not all) providers had expressed to us.</p> <p>This could be approved for a very limited number of providers, which would enable those few to meet our requirements.</p>

**Quality Assurance through transition:**

**Recommended option:**

To quality assure programmes against the new Education Standards and Standards Evaluation Framework, with a grace period to indicate if the programme would meet our new standards or not. This will enable us to move towards the ESR principles and bring out the benefits that we seek such as proportionate regulation, improved focus on Equality, Diversity and Inclusion, clear accountability, and will help providers to understand the information that we will require to evidence how they meet our standards.

The GOC will work with providers during the transition and as part of the Annual Monitoring Review process to assess progress, which will include each provider having their own indicative transition plan with the GOC, to enable us to manage our resources and ensure approvals are conducted in a timely and efficient fashion as well as ensuring our other quality assurance activity is proportionate during this time of transition.

For programmes under a GOC serious concern review, the oversight will need to remain rigorous during this period.

**Stakeholder views:** This option was supported by the Education Visitor Panel. It is a standard practice amongst regulators including the PSA to introduce new standards this way to enable a period of adaptation, trial and testing of evidence.

**Impacts considered in making this recommendation include:**

This will mitigate some of the risks and impacts raised through our stakeholder engagement, such as GOC resourcing, timeliness for approval, and minimising regulatory burden for providers who are dual-running programmes.

Alternative options are:

<p>Delay using the education standards until new courses are approved</p>	<p>Delaying introduction could simplify the ‘provider readiness’ stage for some providers who would not have to consider their current courses against the new standards.</p> <p>The benefits of introducing the standards earlier would support providers to assess gaps in their current provision and help identify and plan for required changes to meet our standards. Increased familiarity will contribute to making the approval process smoother.</p>
<p>Run the old quality assurance activities and the new quality assurance activities schedules separately</p>	<p>This would be the most robust approach to conducting quality assurance, however it would potentially be disproportionate; increasing regulatory burden for providers where current programmes are relatively low risk. A robust approach would still be required for programmes under a serious concerns review.</p>

## Education Strategic Review (ESR) project impact assessment

### Step 1: Scoping the IA

<b>Name of the policy/function:</b>	Education Strategic Review (ESR) project
<b>Assessor:</b>	Head of Education
<b>Version number</b>	0.6
<b>Date IA started:</b>	10 October 2018
<b>Date IA completed:</b>	In progress
<b>Date of next IA review:</b>	May 2020
<b>Purpose of IA:</b>	To set out the key impacts for the sector regarding the implementation of the proposals of the Education Strategic Review
<b>Approver:</b>	Director of Education
<b>Date approved:</b>	29 October 2019

### Q1. About the policy or project

#### **Aims:**

Optometrists and dispensing opticians need comprehensive and relevant training so that they can deliver safe and effective standards of eye care to patients. One of the GOC's main statutory functions is to assess and approve the quality and content of education provided for those training to practise optometry and ophthalmic dispensing in the UK.

One of the ways that we conduct our statutory function is by setting the criteria (education standards) for all higher education programmes and qualifications that lead to full registration with the GOC.

As part of the ESR, we aim to introduce new education standards for providers and learning outcomes for students to give more flexibility to education providers to deliver programmes leading to GOC registration while taking into account the need for a greater focus on clinical and professional training, the reality of increased multi-disciplinary work, and the changes in the sector arising from changing patient needs.

#### **Purpose and Outcome:**

The purpose of the ESR is to ensure that the standards of optical education are fit for purpose as the sector continues to evolve and to provide a robust approach to approval and quality assurance.

Key themes that emerged from the ESR Concepts and Principles findings were that:

1. student practitioners need earlier, more varied and regular experience of engaging with patients;
2. we should put more focus on evaluating the outcomes of the education providers rather than detailed inputs, such as how programmes should be delivered;

3. newly qualified professionals need to be able to make clinical decisions confidently and safely in the context of changing patient needs;
4. newly qualified professionals need to be equipped to deliver new, different and innovative services,
5. we need to have a consistent, fair and proportionate approach to our regulatory processes for approving and quality assuring education that leads to registration with us.

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

We started the review with a call for evidence and published a summary report (June 2017). We then commissioned research into patterns and trends in health professional education in the UK and internationally (November 2017) and carried out research exploring the perceptions of newly qualified practitioners and employers in relation to current education and training requirements (June 2018). We also consulted on the concepts and principles that should inform the education and training model and published an independent summary report (April 2018)<sup>6</sup>.

Following this, we proceeded to develop draft Education Standards for providers and Learning Outcomes for students through significant stakeholder engagement and in November 2018 we launched a public consultation which closed in February 2019.

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

After reviewing the consultation findings, Council were asked to provide steer regarding the next steps to help shape the framework within which a new set of standards and learning outcomes could be effective. Council agreed the following five proposals for the Executive to explore, through representative stakeholder workshops and further evidence-gathering. The Executive continued further stakeholder engagement to consider the risks and impacts and an implementation plan.

In this time, the Executive amalgamated the five proposals into the main project deliverables, which will be produced in stage one:

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<sup>6</sup> all the documents referred to in this paragraph are [published on our website](#).



**ESR deliverables:**

- Learning Outcomes for students
- Education Standards for providers
- Common assessment framework
- Standards evaluation (QA) framework

**Proposals to incorporate within the deliverables:**

- Single point of accountability for any route to registration – ensuring an integrated approach – leading to a ‘registrable qualification’.
- Common assessment framework – ensuring providers deliver their assessments in line with a common framework to allow for flexibility in approach but maintain consistency in outcomes, underpinned by robust quality assurance.
- Earlier and more varied patient experience, including increased communication skills, clinical content, clinical leadership, professionalism.
- Less prescriptive regulation to allow for innovation, future-proofing standards and risk-based, data-rich, evidence-led approach to quality assurance.
- More support for newly qualified practitioners (this work is being delivered as part of the CET project).

**Who will benefit:** Public; Students; current and new providers.

## Q2. Gathering the evidence, stakeholder involvement and consultation

**Available evidence used to scope and identify impact of the policy or project:**
**Research and consultation:**

- Call for evidence (report June 2017)
- Research to learn from other professions/overseas (Nov 2017)
- System leaders roundtable (Nov 2017)
- Consultation on concepts/principles (report April 2018)
- Research with newly-qualified/employers (June 2018)
- Development of standards/learning outcomes with Committees, Expert Advisory Group other external stakeholder groups (summer 2018)
- Education Provider Forum (October 2018)
- Consultation on draft Education Standards and Learning Outcomes (November 2018-February 2019)
- ESR workshops (May & June 2019)
- Consultation response report (September 2019)
- Education Provider Forum (October 2019)

### Q3. Activities or areas of risk or impact of the policy or project

The analysis below incorporates feedback received during our extensive stakeholder engagement and consultation.

#### 1) Education Standards

We (the GOC) have the responsibility to ensure that public protection is maintained by setting standards for education, training and assessment programmes ('education standards') for providers of optical programmes which lead to being eligible to register with the GOC.

Our education standards are used to determine whether the quality of education, training and assessment offered by providers is suitable in preparing students for entry to the GOC register, having acquired the knowledge and skills required for safe practice. Education standards set out the required standards regarding the adequacy and quality of a programme, its content and design, assessment systems, the assurance of patient safety, equality and diversity, and our general requirements.

The ESR will enable us to improve how we regulate the route to registration and reduce the level of prescriptive regulation that we carry out in order to become more aligned to the wider sector and enable innovation in education provision.

#### Key factors:

- a) Education Standards for providers applying to the whole route to registration – referred to as a single point of accountability, leading to a registrable qualification.
- b) Transition from a prescriptive regulatory approach to a non-prescriptive approach with a Standards Evaluation Framework to supplement the standards
- c) Shift in focus for regulation (risk-based, proportionate) and to minimise duplication of other regulators' activity

#### Impact summary

Single point of accountability: Implementing this will involve creating new contractual agreements, which may have a resource impact on both education and placement providers. There may also be an impact on providers (or the single accountable point) if students litigate in the event of an unsatisfactory experience from the subordinate party in the arrangement which means that the quality management mechanisms in place will need to be robust. Providers are responsible for making the necessary contractual arrangements in line with the applicable regulations. This will take place in stage two (provider readiness).

Mitigation: These impacts are mitigated through the phased implementation plan and the quality assurance approach throughout implementation.

	Potential positive or neutral impact	Potential negative impact and mitigation
<b>Regulatory</b>	<ul style="list-style-type: none"> <li>• Simplifying the route to registration will enable more robust regulation.</li> <li>• This aligns with integrated apprenticeship models.</li> <li>• This makes the routes to registration for Optometry and Ophthalmic Dispensing more consistent.</li> </ul>	<ul style="list-style-type: none"> <li>• Standards need to be proportionate otherwise this could lead to providers being unable to meet the standards and have an impact on the workforce.</li> <li>• <b>Action: GOC mitigation:</b> We will work with our stakeholders to redesign the education standards and design the standards evaluation framework to ensure we are proportionate and that we are aware of any implications of the standards.</li> </ul>
<b>Political</b>	<ul style="list-style-type: none"> <li>• There will be more robust contracts between different organisations who are working together to provide a route to registration to make accountability clear.</li> </ul>	<ul style="list-style-type: none"> <li>• There was concern raised regarding businesses having undue influence over the education providers.</li> <li>• Mitigation: Already there are successful models of partnerships with the industry and providers tend to diversify their placements to ensure that their students receive a wide range of clinical experience.</li> <li>• <b>Action – sector mitigation:</b> the GOC will hold a bespoke roundtable to bring organisations together to discuss undue influence and solutions to creating placements.</li> </ul>
<b>Economical</b>	<ul style="list-style-type: none"> <li>• The proposed approach for quality assurance during transition should enable providers to make changes and prepare for the dual-running of courses.</li> <li>• <b>Action – GOC mitigation:</b> GOC to clearly set out the quality assurance process during transition.</li> </ul>	<ul style="list-style-type: none"> <li>• Concerns were raised regarding funding to enable providers to oversee different elements of a course.</li> <li>• <b>Action – sector mitigation:</b> whilst this is clearly a concern, there are already some integrated optometry models and the ophthalmic dispensing model is integrated. The GOC is facilitating the bringing together of the</li> </ul>

	Potential positive or neutral impact	Potential negative impact and mitigation
		<p>four nations to discuss funding, but this activity will need to be led by the sector.</p> <ul style="list-style-type: none"> <li>• <b>Action – sector mitigation:</b> Providers may choose a variety of ways to meet our standards and are encouraged to cost viability and sustainability of their programmes.</li> <li>• Potential impact for students to not be paid for their placements.</li> <li>• <b>Action – sector mitigation:</b> to consider other healthcare models' arrangements.</li> </ul>
<b>Social</b>	<ul style="list-style-type: none"> <li>• This will improve the student journey, which is in the interest of the students, the profession and the patient. This may ensure that more students fulfil the full journey and will improve the support they receive.</li> <li>• New standards give an opportunity to improve focus on equality and widening participation, delivering excellent education for students which is safe for patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Oversight of supervisory staff is likely to change and will need to be considered by the single point of accountability.</li> <li>• <b>Action – sector mitigation:</b> the oversight of supervision will need to be included in the contractual arrangements.</li> <li>• <b>Action – GOC mitigation:</b> to review the requirements of supervisors in the education standards/ standards evaluation framework, and explore the possibility of different types of supervision.</li> </ul>
<b>Technological</b>	<ul style="list-style-type: none"> <li>• Providers may use technology to enhance their quality management systems and teaching methods.</li> </ul>	None identified
<b>Legal</b>	<ul style="list-style-type: none"> <li>• Having clear contractual requirements will align us with the requirements from the OfS, QAA, IfATE and other education regulators. This will enable the GOC to be clear on legal responsibility for the students and the programme.</li> </ul>	<ul style="list-style-type: none"> <li>• Contracts between all parties will be required.</li> <li>• <b>Action – GOC mitigation:</b> GOC to explore other types of support to enable providers to develop robust contracts.</li> </ul>
<b>Environmental</b>	<ul style="list-style-type: none"> <li>• Students will receive support from the single point of accountability, no matter their placement location.</li> </ul>	<ul style="list-style-type: none"> <li>• Geographically, students will still have similar choice in programmes, but their placements may be more varied in location.</li> </ul>

	Potential positive or neutral impact	Potential negative impact and mitigation
	<ul style="list-style-type: none"> <li>Positive impact of new teaching methodologies, increasing engagement and opening up opportunities for new ways of engaging with learning.</li> </ul>	<ul style="list-style-type: none"> <li><b>Action – sector mitigation:</b> It is important that courses are appropriately advertised including details regarding placement provision.</li> </ul>
<p><b>Key factors:</b></p> <ul style="list-style-type: none"> <li>d) Earlier and varied patient experience,</li> <li>e) Earlier focus on clinical content and professional development – such as communication skills, clinical leadership and professionalism.</li> </ul> <p><b>Impact summary</b></p> <p>Earlier patient exposure, more focus on communication skills, clinical leadership, and professionalism: Overall, this was seen as a very positive step forward – including to help to retain newly qualified individuals in the profession – with concern regarding implementation around how providers will know they have adequately met the GOC expectations.</p> <p><b>Mitigation:</b> We are committed to setting out our expectations that a programme should adequately prepare the students to be safe practitioners in the future. Whilst we do not envisage being prescriptive about this – meaning that providers are encouraged to think innovatively in their course design to prepare their students to meet patients’ needs – we will support providers to understand our standards by using the individual implementation plans. Our ongoing discussions with providers will enable them to discuss how they are considering implementing these standards.</p>		
<p><b>Regulatory</b></p>	<ul style="list-style-type: none"> <li>Prepares students for future roles.</li> <li>Incorporates the feedback we have heard from the sector.</li> <li>Received strong support from the sector and is in line with the wider healthcare sector.</li> </ul>	<ul style="list-style-type: none"> <li>Benchmarking what is ‘adequate’ may lead to a more prescriptive regulatory approach.</li> <li><b>Action – GOC mitigation:</b> We will need to consider how this standard will be quality assured and whether we are required to set a benchmark. This will be developed as part of the Standards Evaluation Framework.</li> <li>Education providers may feel more exposed without prescriptive GOC standards</li> <li><b>Action – sector mitigation:</b> providers will need to place weight on the GOC’s QA reports (visits/AMR) and GOC guidance.</li> </ul>

	Potential positive or neutral impact	Potential negative impact and mitigation
<b>Political</b>	<ul style="list-style-type: none"> <li>Provides an opportunity for students to be taught in an interdisciplinary manner which can improve multi-disciplinary learning.</li> <li>Enables optometrists and dispensing opticians to be ready to take on more clinical roles and support the work of ophthalmologists and the wider healthcare sector.</li> </ul>	<ul style="list-style-type: none"> <li>Certain types of experience may be more difficult or costly to arrange.</li> <li><b>Action – sector mitigation:</b> the sector can be innovative in how it delivers content – for example using actors, other students etc for patient experience – and may form agreements with trusts to set out hospital placements.</li> <li>There is a risk that insurance companies may be unwilling to provide registrants with professional indemnity cover based on new programme of study.</li> <li><b>Action – GOC and sector mitigation:</b> Arrangements to be checked with the main insurance bodies.</li> </ul>
<b>Economic</b>	<ul style="list-style-type: none"> <li>May enable providers to run certain parts of their programmes with other healthcare programmes, improving the students’ broader knowledge of healthcare, shared knowledge, skills and behaviours, and potentially being cost-effective.</li> <li>There is an opportunity for providers to partner with industry in developing training solutions.</li> </ul>	<ul style="list-style-type: none"> <li>The development of innovative ways may require technological development.</li> <li><b>Action – sector mitigation:</b> there are already good examples within the wider healthcare sector which could be adopted and developed and may reduce long-term running costs of a programme.</li> <li>Increased course fees or longer durations of study without salary may limit access to students from poorer backgrounds.</li> <li><b>Action – sector mitigation:</b> The requirement for more clinical content and a more integrated approach does not automatically mean that the course duration needs to be extended. For example, the requirement for increased clinical content could be offset by removing parts of</li> </ul>

	Potential positive or neutral impact	Potential negative impact and mitigation
		<p>the existing curriculum that are of limited relevance. Feedback from many practicing Optometrists and Dispensing Opticians, some academics within education providers, and from students suggests that some existing course content may not be required and could be removed in favour of increased clinical content and patient exposure. Providers will therefore be encouraged to think innovatively about their curriculum design and course duration.</p> <ul style="list-style-type: none"> <li>• <b>Action – GOC mitigation:</b> The proposed implementation plan includes provision for the GOC to understand the providers’ intended plans through the self-assessment and identify any significant outliers.</li> </ul>
<p><b>Social</b></p>	<ul style="list-style-type: none"> <li>• More clinical knowledge will help organisations to retain their employees and address the ever-changing patient needs.</li> <li>• Developing clinical leadership skills will improve public safety and the profession.</li> <li>• Enhanced skills should mean better patient care.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased requirement for clinical experience may mean extra travel and time away from home. This may be an issue for students from particular backgrounds whose freedom of movement outside certain hours may be limited.</li> <li>• <b>Action – sector mitigation:</b> Providers will need to ensure they take this into account when organising their work placements, in course advertising, and they will need to consider an individual student’s needs and make reasonable adjustments as necessary. There are numerous other Allied Health courses who has similar arrangements and,</li> </ul>

	Potential positive or neutral impact	Potential negative impact and mitigation
		<p>through being transparent and providing adequate support to students, enable the prospective students to make informed choices and experience high quality placements.</p> <ul style="list-style-type: none"> <li>• <b>Action - GOC mitigation:</b> The implementation plan gives reasonable time for providers to consider this within the ‘provider readiness’ stage (two).</li> </ul>
<b>Technological</b>	<ul style="list-style-type: none"> <li>• This will encourage the use of technology to improve the breadth, consistency and quality of the student experience. This has been used in several programmes already.</li> </ul>	
<b>Legal</b>	<ul style="list-style-type: none"> <li>• Increased relevant content will support students to become safe practitioners, for example content such as candour, consent, data protection, speaking up, clinical leadership, and professionalism.</li> </ul>	<ul style="list-style-type: none"> <li>• Contracts with placement providers are already in place, although new ones may need to be developed.</li> </ul>
<b>Environmental</b>	<ul style="list-style-type: none"> <li>• This will encourage the education to be more aligned with the skills, knowledge and behaviour required to be a safe practitioner, with the underpinning clinical knowledge required. Development of the curriculum could ensure that practitioners meet the requirements of their local CCGs or the CCGs they want to enter in future.</li> </ul>	<ul style="list-style-type: none"> <li>• Impact of location on the ability to carry out supervisory duties e.g. rural practices or ones only open part-time.</li> <li>• <b>Action – GOC mitigation:</b> review supervision policy to account for different working models.</li> </ul>



**2) Learning Outcomes**

We set the competencies that must be understood and demonstrated by the student (verified through assessment) in order for them to be eligible to apply to join the GOC fully qualified register. We propose to set the competencies as learning outcomes to bring us into line with current education practices and with the wider healthcare sector.

**Key factor:**

- a) Regulator to set common assessment framework (rather than a run a single national exam)
- b) Integration of academic and professional qualification(s)

**Impact summary:**

Common assessment framework: We have explored this topic in our consultation response report 2019. In our current education system, there are well-established mechanisms which help to mitigate some of the impacts raised related to this proposal – such as the use of external examiners and internal quality management mechanisms.

**Mitigation:** To ensure high quality assessment and consistency between providers, we are committed to working with the sector to develop robust quality assurance processes, drawing on the experience of other healthcare and education regulators and oversight bodies. This will be completed in stage one – key deliverables.

	Potential positive or neutral impact	Potential negative impact and mitigation
<b>Regulatory</b>	<ul style="list-style-type: none"> <li>• Enables more innovation and flexibility in assessment, whilst upholding common assessment standards.</li> <li>• Integration of both the academic and professional qualifications is simpler to regulate and ensures that the provider takes responsibility to support students to meet our standards and prevent unsafe students from joining the register.</li> </ul>	<ul style="list-style-type: none"> <li>• In order to ensure consistency in the ‘end point’ professional level (quality of graduates eligible to join the register), it is important that the learning outcomes are clear for students and education providers.</li> <li>• <b>Action – GOC mitigation:</b> further work on the learning outcomes.</li> <li>• There was concern about lowering of standards if providers were allowed to assess their own students.</li> <li>• <b>Action – GOC mitigation:</b> whilst we do not agree that this will lead to a reduction in standards, the GOC must ensure that all courses deliver to the Education Standards and that the common</li> </ul>

	Potential positive or neutral impact	Potential negative impact and mitigation
		assessment framework is clear, robust and enforceable.
<b>Political</b>	<ul style="list-style-type: none"> <li>• Sets out the minimum standards however providers may wish to prepare their students to a higher level to address any differences in the four Nations.</li> <li>• Providers can use their pedagogical expertise to create effective assessments.</li> </ul>	<ul style="list-style-type: none"> <li>• Some aspects of higher qualifications may be included in the undergraduate courses.</li> <li>• <b>Action – GOC mitigation:</b> further work on the learning outcomes, ensuring input from all four Nations and stakeholders.</li> </ul>
<b>Economic</b>	<ul style="list-style-type: none"> <li>• A common assessment framework is much more cost effective than the GOC running a national exam.</li> <li>• Depending on the current course content, the new learning outcomes could enable similar content as long as the assessments align to the framework.</li> </ul>	
<b>Social</b>	<ul style="list-style-type: none"> <li>• Positive impact on staff engagement through increased responsibilities and opportunities for progression.</li> <li>• Provides an opportunity to promote a culture of lifelong learning and reflective practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued challenge to ensure that students get access to the right experiences so they can gain exposure to a range of conditions.</li> <li>• <b>Action – sector mitigation:</b> continue to review the variety and quantity of exposure to different pathologies to ensure all learning outcomes are met.</li> </ul>
<b>Technological</b>	<ul style="list-style-type: none"> <li>• New Learning outcomes to be written in a way which allows for technological advances.</li> <li>• Increased engagement through the use of new teaching and assessment methodologies using technology.</li> <li>• Opportunity to improve on the data in the sector regarding learning experience and outcomes.</li> </ul>	
<b>Legal</b>	<ul style="list-style-type: none"> <li>• Widens participation by stipulating what needs to be met but enabling different assessments testing for the same standards.</li> </ul>	

	Potential positive or neutral impact	Potential negative impact and mitigation
<b>Environmental</b>	<ul style="list-style-type: none"> <li>The collaboration between local industry and education providers could positively shape clinical contact due to increased input from other healthcare services, which enables optometrists to expand their role in eye healthcare.</li> </ul>	

### 3) Implementation

The implementation plan below presents the shortest timeline in which providers can realistically prepare to deliver new courses. It also provides a reasonable window in which to address any issues that may arise, including those stemming from concerns from stakeholders, as detailed in our consultation response report.

This implementation plan is currently focussed on Optometry and Ophthalmic Dispensing programmes; the transition for postgraduate courses will be considered subsequently, after having finalised the drafting of the Optometry and Ophthalmic Dispensing learning outcomes.

We considered a number of options with regards to implementation and have set out our proposed option for Council's approval in November 2019.

#### Summary of implementation plan

The ESR implementation is divided into three stages:

- Stage one: Key deliverables
- Stage two: Provider readiness
- Stage three: Implementation

There are four key deliverables for the ESR, which will be produced in stage one:

- Learning Outcomes for students
- Education Standards for providers
- Common assessment framework
- Standards evaluation (QA) framework

Programmes will need to be re-approved under the single point of accountability criteria. The GOC will complete an approval process in order to verify that the Learning Outcomes are in place and the programme is considered against the new education standards.

During implementation, for current courses not yet achieving new approval, we will use the new education standards and the standards evaluation (QA) framework for all programmes alongside the old core competencies.

Potential risks and mitigation

<p><b>Regulatory</b></p>	<ul style="list-style-type: none"> <li>• There is a risk that the key project deliverables will not be completed on time.</li> <li>• <b>Action – GOC mitigation:</b> The project schedule includes sufficient time to complete these documents. In the unlikely event of delay, the academic holiday period in summer 2020 provides contingency to finish the deliverables.</li> <li>• GOC resourcing: There was a risk raised regarding the GOC’s capacity to manage such change with our approval and quality assurance processes.</li> <li>• <b>Action – GOC mitigation:</b> The GOC will work with providers during the transition and as part of the AMR process to assess progress in transitioning, which will include each provider having their own indicative transition plan with the GOC, to enable us to manage our resources and ensure approvals are conducted in a timely and efficient fashion. We have continued to improve our operational efficiency, including changing to exceptions reporting which has reduced report turnaround time by 70 per cent. We have a robust implementation plan which considers the relevant factors in delivering the implementation. We have ensured that there is sufficient resource allocated to the project, including our Education Visitor Panel members.</li> </ul>
<p><b>Political and Economic</b></p>	<ul style="list-style-type: none"> <li>• There is a risk that funding may be limited and/or prevent providers from implementing changes. There are a number of associated risks regarding funding, such as:</li> <li>• there is a risk that a reduction in humanities students may negatively impact the science and clinical programmes which are often subsidised through internal arrangements.</li> <li>• there is a risk regarding the uncertainties around the impact of the UK leaving the EU, or of further delays in decision making. This may reduce the number of EU students registering at UK universities and negatively affect university finances.</li> <li>• providers may require additional support to implement key changes such as mapping the curriculum to the new learning outcomes, agreeing contractual arrangements for the route to registration and/or placements, and increasing clinical content, and not have the resources to do so.</li> <li>• <b>Action – GOC and sector mitigation:</b> We have published information about funding considerations in our latest Consultation Response report to encourage the sector to think innovatively about how to meet our proposed new standards and we have taken steps to ensure that we understand the funding flows in the sector. For example, positive discussions around funding with the four Nations’ governments have begun at a senior level. We are now encouraging the sector to be involved and take the lead in this dialogue. We plan to support these discussions by featuring funding at a future roundtable event. We have discussed funding with providers and have asked providers about their appetite to explore clinical</li> </ul>

	<p>tariff eligibility. We will explore further ways to alleviate some financial pressure for providers to enable them to implement the changes within a reasonable timeframe.</p>
<b>Social</b>	<ul style="list-style-type: none"> <li>• There is a risk that a lack of stakeholder buy-in to the ESR implementation plan or that the timelines are deemed as unworkable.</li> <li>• <b>Action – GOC Mitigation:</b> We have been working with vast amounts of stakeholders to seek their views on timelines and impact mitigation and the proposed timeframes have been broadly well received. We have ensured that we enable phasing, where possible, and this plan will help to clearly state the direction of travel so that the sector can prepare for their development. Going forward, we will continue to engage with stakeholders and will ensure that we deliver support (within the boundaries of a regulator’s remit) throughout the implementation. In addition, we will run roundtables to bring together the sector to encourage collegiate working and problem resolution.</li> </ul>
<b>Technological</b>	<ul style="list-style-type: none"> <li>• Phased implementation may allow for innovative technical solutions to be designed, although many technological solutions may require more time.</li> <li>• <b>Action – GOC mitigation:</b> GOC to encourage the development of new technological solutions but ensure that standards are not overly prescriptive for use of technology where possible.</li> </ul>
<b>Legal</b>	<ul style="list-style-type: none"> <li>• There is a risk of judicial review if the GOC set unreasonable timeframes.</li> <li>• <b>Action – GOC mitigation:</b> the implementation plan has been designed to cater for all providers and the process is intended to promote openness and transparency between the GOC and providers to ensure that the providers are adequately supported throughout the transition (in line with the GOC remit as a regulator).</li> </ul>
<b>Environmental</b>	<ul style="list-style-type: none"> <li>• Providers may be dual-running of approaches which will be more complicated than one single programme type</li> <li>• <b>Action – GOC and sector mitigation:</b> GOC to encourage a swift transition, be proportionate in its regulation through the transition and consider further ways to increase the speed of implementation.</li> </ul>

**Implementation alternatives:**

**Stage one alternatives:**

<p><b>Recommended option:</b>                  This stage will end in July 2020. Completed deliverables will be published in the summer of 2020. This is an ambitious target due to the types and complexities of the documentation, however it is important to maintain a strong pace to enable the ESR outcomes to be realised.</p> <p><b>Stakeholder views:</b> This is generally viewed realistic. Many stakeholders desire clarity and providers want to develop their courses and need to be certain of the GOC expectations.</p> <p><b>Impacts considered in making this recommendation include:</b>                  Resourcing, stakeholder input and consultation (including the most recent consultation response report September 2019).</p> <p><b>Mitigations:</b></p> <ul style="list-style-type: none"> <li>• We have established two new EAGs for these specific tasks and sought to bring together wide-ranging views to maximise the diversity of input, ensure the deliverables are fit for purpose and that we have good stakeholder buy-in.</li> <li>• We have set out our intention for a collegiate approach and are encouraging stakeholders to work with us to develop these deliverables.</li> <li>• We are using the Open Canvas approach as part of our commitment to transparency and genuine desire to enable feedback from individuals who are not in the EAG groups.</li> <li>• We have increased the GOC ESR team to increase capacity.</li> </ul>	
<p><b>Alternative options are:</b></p>	
Speed up	Speeding up would involve either reducing the amount of external input, or reducing the time between EAG meetings. Both of these options carry risks towards quality of output and achieving stakeholder engagement.
Slow down	Slowing down would not address the concerns that we heard during our previous consultation regarding education providers wanting clarity to enable them to make changes which they already want to make, but being reluctant to do so for fear of it being different to the GOC's expectations.

**Stage two alternatives:**

<p><b>Recommended option:</b>                  Since we are working in 12-month increments, a two-year provider readiness stage has been recommended.</p> <p><b>Stakeholder views:</b> This has been generally supported and viewed as a reasonable timescale by many stakeholders.</p> <p><b>Impacts considered in making this recommendation include:</b> Funding, resourcing required in GOC and for providers and stakeholders.</p>	
<p><b>Alternative options are:</b></p>	
<p>Speed up - less than two years:</p>	<p>At this stage of the project, providers are not clear regarding how long they will need to prepare. They will be in a better position to know once the new Learning Outcomes and Education Standards have been written as they will be able to complete a gap analysis. Given this uncertainty it is prudent to allow providers plenty of time to set up. One year may be possible for some agile organisations but this is unlikely and could be easily derailed by internal issues such as staff departures or competing priorities. This makes two years the next appropriate duration.</p>
<p>Slow down: Three years or more:</p>	<p>Building in a three year work up period would be excessive and could impact on the requirement that the change needs to happen. It would also delay the necessary changes for a further year resulting in schemes producing registrants without the skills they need to meet the demands outlined in the ESR evidence pack.</p>
<p>Not setting a timeline</p>	<p>This is likely to result in the failure of practitioners to meet patient needs for a generation, as well as an inconsistent approach across providers.</p>



**Stage three alternatives:**

<p><b>Recommended option:</b> We enable four tranches of providers so that all providers can follow a clear transition process.</p> <p><b>Stakeholder views:</b> This has been generally supported and viewed as a reasonable timescale by many stakeholders.</p> <p><b>Impacts considered in making this recommendation include:</b>                  Funding – we will explore further ways to support all providers in order to speed up their transition time.                  Efficiency: it is more efficient and effective for this stage to be as short as possible in order to minimise double-running of courses, however this must be balanced with realistic understanding of resource constraints and internal processes within the education providers.</p>	
<p>Alternative options are:</p>	
<p>Speed up: Final tranche is the second tranche, in 2023</p>	<p>Feedback from some providers was that transition would take them five years to complete. Even with additional funding, it is unlikely that providers will see this as a fair and reasonable timescale, especially considering external pressures that they reported in the Annual Monitoring and Reporting and the ESR consultations.</p>
<p>Final tranche is a fourth tranche, in 2025.</p>	<p>This option would give providers an extra year to complete transition and would match the maximum five years implementation timeframe from documentation finalisation which some (not all) providers had expressed to us.</p> <p>This could be approved for a very limited number of providers, which would enable those few to meet our requirements.</p> <p>If we were to reduce pace for everyone, all providers slow down their transition, resulting in a less effective transition and the ongoing external risks would still remain.</p>

**Quality Assurance through transition:**

<p><b>Recommended option:</b>                  To quality assure programmes against the new Education Standards and Standards Evaluation Framework, with a grace period for new standards to indicate if the programme would meet our new standards or not. This will enable us to move towards the ESR principles and bring out the benefits that we seek such as proportionate regulation, improved focus on Equality, Diversity and Inclusion, clear accountability, and will help providers to understand the information that we will require to evidence how they meet our standards.</p> <p>The GOC will work with providers during the transition and as part of the Annual Monitoring Review process to assess progress, which will include each provider having their own indicative transition plan with the GOC, to enable us to manage our resources and ensure approvals are conducted in a timely and efficient fashion as well as ensuring our other quality assurance activity is proportionate during this time of transition.</p> <p>For programmes under a GOC serious concern review, the oversight will need to remain rigorous during this period.</p> <p><b>Stakeholder views:</b> This option was supported by the Education Visitor Panel. It is a standard practice amongst regulators including the PSA to introduce new standards this way to enable a period of adaptation, trial and testing of evidence.</p> <p><b>Impacts considered in making this recommendation include:</b>                  This will mitigate some of the risks and impacts raised through our stakeholder engagement, such as GOC resourcing, timeliness for approval, and minimising regulatory burden for providers who are dual-running programmes.</p>	
<p>Alternative options are:</p>	
<p>Delay using the education standards until new courses are approved</p>	<p>Delaying introduction could simplify the ‘provider readiness’ stage for some providers who would not have to consider their current courses against the new standards.</p> <p>The benefits of introducing the standards earlier would support providers to assess gaps in their current provision and help identify and plan for required changes to meet our standards. Increased familiarity will contribute to making the approval process smoother.</p>
<p>Run the old quality assurance activities and the new quality assurance activities schedules separately</p>	<p>This would be the most robust approach to conducting quality assurance, however it would potentially be disproportionate when considering that the impact of increasing in regulatory burden for providers against the risks associated with the programmes, with the exception of programmes under a serious concerns review.</p>

Step 3: Monitoring and review

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**Q5. What monitoring mechanisms are or will be in place to assess the actual impact of the policy?**

The initial impacts of the ESR are expected to come to fruition in 2025. This will be measured, for example, through:

- Implementation timescales and data;
- Data within the self-assessments;
- Approval process feedback;
- Repeat consultations and surveys: newly qualified and employers; providers; membership bodies and other key stakeholders;
- Risk reviews through our QA processes.

**Next review date: May 2020**