General Optical Council

GOC/COVID/01

Date of statement: 7 May 2020 (updated 9 September 2020)

GOC statement on education provision and approach to quality assurance activity during the COVID-19 emergency

1. Along with all other healthcare regulators, we have signed a [joint regulatory statement](#) which acknowledges that registrants will need to act differently and deliver care in different ways during the COVID-19 emergency in line with Government and public health guidance. We will take account of this in fulfilling our regulatory functions along with the following statement.

2. GOC-approved education providers (across all parts of any route to GOC registration) may find this statement of interest, although students, placement providers and others engaged in optical education may also be interested in understanding how we have responded to questions from education providers about changes to education delivery, and what changes we are making to our quality assurance activity of GOC-approved education during this COVID-19 emergency.

3. We ask that providers regularly and openly communicate with their students about any changes to their programme.

4. This statement combines and updates the previous GOC/COVID/01 and GOC/COVID/04 statements.

Patient, student and staff safety

5. The health of patients and patient safety is our first priority. Students, staff and others must manage their own health, and the health of their families, colleagues and community. That means acting in accordance with Government instructions and self-isolating if required to do so.

6. Education providers, employers and contracting bodies should take all necessary steps to make sure that those who are learning or working in clinical environments are suitably equipped (for example, with protective clothing) and have the right information to minimise the risk of transmission.

7. Government guidance for healthcare professionals and organisations can be found here: https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response Government guidance for universities and students can be found here: https://www.gov.uk/coronavirus/education-and-childcare. Support and guidance for the academic community from the Quality Assurance Agency for Higher Education can be found here: https://www.qaa.ac.uk/news-events/support-and-guidance-covid-19#

Changes to education delivery

8. All GOC-approved qualifications must be delivered in line with GOC education standards as outlined in our [Approval and Quality Assurance handbooks](#).

9. The ongoing changing situation will continue to bring challenges for education providers in supporting students and staff to adapt to different and/or remote teaching and assessment methods, whilst also maintaining GOC standards and following government guidelines.

10. We will be flexible and pragmatic in our approach during the COVID-19 emergency and recognise that education providers will be working with their institutions, regulatory bodies, national qualification organisations and professional associations in considering what changes might be needed to ensure continued provision of GOC-approved qualifications.

11. During this challenging period, we have asked education providers to:

    - prioritise the teaching and assessment of final year students;
    - work with partners to make appropriate contingency arrangements; and
    - ensure the GOC is regularly updated with all intended and actual changes to delivery.

12. We welcome the extensive collaboration between the education providers (including awarding bodies) to develop safe and considered solutions during the current emergency.

Notification of events and changes

13. As education providers make changes to their provision to ensure the safety of staff, students and patients, we have asked providers to document and notify us of any temporary changes to the teaching and assessment of approved qualifications, and report any events [as per our usual guidance](#).

14. We developed a 'notification of temporary changes' form for providers to use to tell us about changes they are making to their provision, and we continue to ask providers to submit these to [education@optical.org.](#)

15. Providers are reminded that as long as the standards outlined in our Approval and Quality Assurance handbooks are met, providers need only *notify* us of changes made. If changes to provision mean GOC standards may not be met, providers are asked to alert us at the earliest opportunity. Depending on the level of risk posed by the proposed changes, we will make separate arrangements with the provider to formally consider and, if appropriate, consult on and/or *approve* changes on a temporary/time-limited basis.

16. Further information about our process is provided below.

Phase one: New notification

17. A provider submits their 'notification of temporary changes' form to tell us about changes they are making or intending to make to their provision. Following receipt, each notification is triaged by one of our Quality Assurance Officers. This triage consists of an assessment of the risk of the proposed change and its mitigation, and a summary as to whether any further information is required. Triage outcomes can be to: note (no further action), refuse, refer to GOC Education Visitor Panel, seek further information, or approve.

18. The triage form and associated information is reviewed by the Education team and the outcome is agreed in accordance with our decision-making framework (which, in most circumstances, is by the Head of Education).

19. **Terminology used in our outcome emails:** If a change requires GOC approval and this has been granted, we will state this clearly in the outcome email (using the terminology 'approve'). In most circumstances, we will simply confirm that we are content that the proposals are reasonable and we require no further information (i.e. the change is *noted*).

20. Occasionally a notification for a temporary change will require Education Visitor Panel review. If this is the case, we let providers know which of their temporary change proposals we are referring to the Panel and when we hope to provide them with the outcome of this review.

21. A temporary change proposal which seeks to modify a requirement listed in one of our quality assurance handbooks, such as a change to our numerical requirements for patient episodes, will take us longer to consider. This is because changes to our handbook requirements is a decision reserved to Council, and in 'normal times' is a decision which is preceded by consultation. Should we receive a request to modify a handbook requirement, we will expect to be provided with sufficient evidence to inform our decision and may need to consult on any such variation. If the variation is approved, we will communicate this decision to all providers. For more information about the changes made to date, please see paragraph 37.

Phase two: Follow up questions

22. If we have asked for further information from a provider, the response will be handled in the same way as above.

23. We have limited our requests for further information from providers to those areas which are most critical - very much recognising the speed at which providers are having to implement proposed changes.

24. It is the responsibility of each provider to decide what temporary changes they wish to put in place and the information they give us about their proposed changes, in accordance with our guidance and COVID-19 statements.

25. For the purposes of transparency and to provide confidence in the consistency of our approach, below we provide 'common areas' in the changes we have been notified about, and our *general* response. We respond separately to each individual provider about the information they give us, and our consideration of this information turns on its own facts, meaning that we have not issued blanket approvals/acknowledgment, and in some instances we may have sought from providers additional information regarding any of these areas.

26. If students require more information about the changes that their provider is implementing in response to COVID-19, students should approach their education providers directly.

Common area 1: Moving to online delivery of teaching and assessments

27. Many providers have notified us that they have moved all teaching and associated resources to an online format and provided us with information about how they are continuing to teach for the remainder of the academic year via a suitable online platform. We have *noted* these temporary changes for those providers who put these arrangements in place.

28. Some providers have moved their assessments online and provided us with information about how they are changing the assessment type, using a suitable online platform, and the additional measures they are putting in place to facilitate the security, equity and fairness of assessments from a student perspective to ensure no disadvantage, and to ensure standards / pass criteria are maintained. In our requests for further information we have sought to establish that the governance and quality assurance of these temporary changes is sufficiently robust and that the assessments are appropriate and comparable, with particular focus on any changes to assessments that measure students' achievement of the core competencies.

Common area 2: No detriment, no disadvantage, safety net policies or equivalent ('ND policies')

29. Many providers have notified us that their institution has implemented an ND policy, some of whose policies state that courses subject to Professional, Statutory and Regulatory Bodies' (PSRBs) approval may not be eligible to use this policy, which can be of concern to students.

30. We would like to reassure providers – and students – that, from those we have seen, we have *noted* that providers' equivalent ND policies have been reasonable and appropriate for our approved qualifications and, despite the differences, maintain a sufficient level of consistency and parity. Below is further detail regarding how we have considered each provider's ND policy:

- We expect the provider's approach to be sufficiently robust as to ensure that students are not issued a higher grade than their achievement so far has demonstrated and do not progress inappropriately onto the College of Optometrists' ('the College') Scheme for Registration (SfR) or through the

Association of British Dispensing Opticians (ABDO) Examinations' route to registration (as applicable).

- Although providers' ND policies are broadly similar, there are differences in approaches between providers which we need to consider, particularly around the impact of that policy on the calculation of pass marks for that provider's approved qualification.

- Our main focus in considering the impact of providers' ND policies is at the award of the approved qualification for the lowest passing student, and in particular, the calculation of optometry students' degrees results at the 2:2 or third class boundary, given progression into the College's SfR is restricted to students who receive a 2:2 degree or above.

- Of those providers who have reported that they are implementing an ND policy, we have sought confirmation that they have considered and taken mitigating action to ensure the pass criteria for the award of a 2:2 degree is secure.

- If students require more information about the impact of their provider's ND policy, students should approach their education providers directly.

<u>Common area 3: Trailing of GOC Stage 1 core competencies and patient episodes into the College's SfR</u>

31. We agreed the concepts set out in the joint statement between the Optometry Schools Council (OSC) and the College (18 March 2020), whereby students with any deficits in their patient episode numbers and/or clinical competencies will be supported by their university and the College to demonstrate fulfilment of these requirements during the early stages of their pre-registration placement.

32. This is to ensure that students who are awarded an approved qualification (optometry degree) at 2:2 or above can progress onto the College's SfR, and once the outstanding competencies and patient episodes are satisfactorily achieved during the early stages of their pre-registration placement, will be issued their certificate of clinical competence (1).

33. We received further information from the College regarding the mechanisms and support that will be in place for these students to safely progress their education and training, achieve their certificate of clinical competence (1) and continue on the SfR. These transitional arrangements have been developed by the College in partnership with the OSC.

34. We received the finalised proposal and are satisfied that the proposed systems and mechanisms are sufficiently robust to ensure a safe and appropriate transition into the SfR for students to trail competencies and/or patient episodes, resulting in their full completion, and have *approved* this arrangement.

35. For providers whose proposed temporary changes include deferring students' completion of core competencies and/or patient episodes or other forms of assessment into the 2020/21 academic year, or into the SfR, we have suggested that, as part of their mechanism, providers develop a method for recording which core competencies, patient episodes or assessment items students are trailing into the 2020/21 academic year or into the SfR.

36. We are aware that some providers do not normally issue a separate certificate of clinical competence (1) in addition to their degree certificate. We are satisfied that annotated certificates will suffice in accordance with the OSC and College's transitional arrangements to ensure clear student progression information is recorded, in order to maintain public safety.

Changes which seek exemption or modification to our education standards

37. Due to the different COVID-landscape within which clinical experience still needs to be delivered, we recognise that rapid changes are required in order to respond to the significant challenges in the sector and to enable education providers to deliver high quality education and training.

38. The continuing impact of COVID-19 on education and training, as well as the optical workforce, is wide and, as yet, of uncertain duration. Whilst many education providers have successfully moved to online/remote teaching delivery and assessment, deferring or trailing some of the GOC requirements (particularly core competencies and patient episodes), these were only intended to be temporary changes until 'normality' returned. It is clear however, that the sector will have to make further and potentially longer-term changes in order to deliver education and training which adequately prepares students for practice and meets our standards.

39. From 23 July to 6 August 2020, we ran a short consultation on proposed temporary changes to our 'Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry' ('Optometry Handbook') and Supervision policy in light of the COVID-19 pandemic.

40. We received a total of 71 responses and after careful consideration of the feedback, we approved a number of temporary changes which will protect patients, students and the public, and enable clinical experience to be delivered in a safe and practical way in light of the limitations that the pandemic has put on clinical practice.

41. A summary of the approved changes is below:

   - **Stage 1 patient experience:** We have amended and further defined the minimum number of patient episodes that students must achieve to obtain 'an appropriate breadth of patient experience' and we have broadened the types of experience that can be counted for this, including observation with formal reflection. This approach will enable clinical experience to be

delivered in a safe and practical way and contribute to preparing students for the new world of practice brought about by the pandemic.

- **Certificate of Clinical Competence (GOC stage 1):** For students who graduated in summer 2018, we have granted an extension to the Stage 1 Certificate of Clinical Competence (which students receive upon successful completion of their undergraduate studies) until 31 December 2020. We will work towards permanently removing this GOC requirement in its entirety so that any decisions regarding the currency of learning form part of a provider's enrolment/admissions policy (such as the enrolment policy for the College's SfR).

- **Stage 2 patient experience:** We have reduced the total number of GOC stage 2 patient episodes that students must achieve by 10% and removed the categorised patient episode numbers. The provider must instead ensure that the student achieves an appropriate breadth of experience, and set and justify its level of any minimum experience in specific areas of practice.

- **Supervision policy:** We will permit non-GOC fully-qualified registrants to supervise students, if they meet our supervision criteria, are regulated, only supervise tasks that are within their professional scope of practice, and the education providers ensure that all other supervision requirements are met, including clarity about any role in patient episode or core competency 'sign off' that these supervisors may have.

42. These temporary changes to our Optometry Handbook education standards and requirements are applicable as follows:

- Temporary changes affecting undergraduate education are applicable from 1 September 2020 for the 2020/21 academic year only.

- Temporary changes affecting the College's SfR or other registrable qualifications are applicable to this year's (Autumn 2020) incoming cohort of students/trainees only. Due to the nature of the Scheme for Registration, these changes will apply to students/trainees enrolling onto the Scheme for Registration between 1 September 2020 and 30 May 2021.

43. Should any provider wish to make changes, they must complete the normal notification process. That is, the provider must submit a proposal to demonstrate that their planned changes will be in line with the temporary requirements.

Changes to GOC quality assurance activity

44. We conduct quality assurance activities, including conducting visits to education providers, to seek assurance that our standards are met.

45. We are sensitive to the fact that education providers are working in a fast-moving landscape and in very challenging circumstances, with limits on non-essential travel, closures of buildings and clinics, suspension of clinical placement provision, high workloads in delivering temporary changes and potential staff shortages.

46. During this emergency our approach to quality assurance will be flexible and pragmatic.

Quality assurance visits

47. We continue to prioritise engagement and quality assurance activity for programmes with provisional approval, particularly those due to receive their first intake of students in September 2020 whose preparation plans are likely to be significantly disrupted, and those providers who are due a quality assurance visit between now and December 2020.

48. We have welcomed the positive response from providers to continue our visit activity and have now conducted a number of remote visits successfully.

49. For those visits where remote quality assurance is not a viable option and we make a decision to postpone the visit, we will set a review date when we will reconsider, with the provider, what quality assurance activity may safely take place and any interim information that we require.

50. It is envisaged that remote visits will continue for the foreseeable future and at least until the close of 2020. The process is under constant scrutiny and review, to ensure that it is appropriate and fit for purpose.

GOC conditions and recommendations

51. As part of our approval and quality assurance activities, we set conditions which identify any unmet GOC requirements and providers are expected to demonstrate that the requirement is set by the stipulated deadline.

52. Whilst we are continuing to process these as normal, where a condition's deadline has not been met we intend to be reasonable and proportionate in our response. For conditions which require immediate action – i.e. those which would cause significant issues if not completed on time, for example, if outstanding teaching materials required need to be written – we will work closely with the education provider seeking to agree a reasonable way forward and provide regulatory support as appropriate.

Annual monitoring and reporting (AMR)

53. During this COVID-19 emergency, we will seek to streamline the information that we ask for in our AMR process and we may adjust the reporting period (normally opening in October 2020 and closing in January 2021) in order to assist colleagues to manage extraordinary workload levels.

54. We will use the 2020/21 AMR to monitor the methods used by providers to track students' completion of trailing core competencies, patient episodes or assessment items.

Combined Quality Assurance handbook

55. We have decided to delay publishing our combined Quality Assurance handbook for the time being, recognising that at the moment, colleagues' workloads in higher education and practice are under extraordinary levels of pressure. We would like to thank the sector for their contributions to drafting and commenting upon the combined Quality Assurance handbook and commit to publishing the handbook once the COVID-19 emergency has receded.

The GOC will keep this statement under review

56. Next routine review due: no later than 31 January 2021.