

**Preparing students for safe and confident practice in a changing optical sector**

**Education Strategic Review concepts and principles consultation**



**About the General Optical Council**

We are the regulator for the optical professions in the UK. Our purpose is to protect the public by promoting high standards of education, performance and conduct amongst opticians. We currently register around 30,000 optometrists, dispensing opticians, student opticians and optical businesses.

**Our Mission**

In line with our statutory function, our mission is to protect and promote the health and safety of members of the public.

**Our Values**

We are responsible, forward thinking and principled:

**Responsible**

We inspire confidence because:

We make clear, well-reasoned, evidence based decisions

We account for our actions and are open to scrutiny

We apply our resources in a targeted and proportionate manner

**Forward thinking**

We make a difference because:

We pursue defined goals and measure our results

We are progressive, innovative and agile in our ways of working

We achieve and deliver more by working collaboratively

We are a learning organisation committed to continuous improvement

**Principled**

We build trust because:

We gain respect through our credibility, integrity and high standards

We listen openly, act responsively and communicate honestly

We behave consistently and fairly to everyone

We foster a positive and productive culture

**Consultation on the Education Strategic Review**

**Start date: Wednesday 13 December 2017**

**End date: Friday 16 March 2018**

**Responses:** We will publish all non-confidential responses we receive to the consultation on our website, as well as a summary of what we heard and our next steps.

**If you give consent for your named response to be made public, please tick the box on the consultation form. We will not publish your response unless you tick this box.**

**About this consultation**

This consultation is exploratory and sets out a series of concepts and principles we are exploring as part of our Education Strategic Review. We are seeking the views and experience of stakeholders on what we set out and will take responses into account in our ongoing review.

The concepts and principles set out in the consultation are not final proposals.

We welcome all responses to the consultation and we will consider all responses in the context of our ongoing work on the Education Strategic Review.

This consultation will be of particular interest to:

* education providers
* patients and patient representative organisations
* optical students and newly qualified GOC registrants
* GOC registrants
* employers/providers of eye and vision health services
* professional bodies
* wider health sector organisations
* other regulators in the health sector

We have included a number of questions that we would like those responding to the consultation to answer.

**Please contact us to request a copy of this document in an alternative format, or in Welsh.**

**The Consultation includes four sections:**

* **Foreword** from the Chair and Chief Executive and Registrar
* **Introduction**
* **Concepts and Principles**
* **Summary of consultation questions for consultation**

**How to respond**

Please use the form below to submit your written feedback.

If you are unable to provide your response in writing, or you require the consultation form in a different format, please contact us on +44 (0)207 580 3898 to discuss reasonable adjustments that would help you to respond.

This form should be emailed or posted by the deadline to:

Roz Platt  
General Optical Council   
10 Old Bailey London  
EC4M 7NG

Email: [rplatt@optical.org](mailto:rplatt@optical.org)

**The data presented in our analysis will be summarised and supported by direct quotes from some of the responses received. These quotes will either be attributed to a named respondent or anonymised, depending on your preference as indicated in the consultation response form.**

**We will publish individual named responses where we have consent to do so.**

**All data submitted will be stored securely and in accordance with data protection principles.**

**Publication of consultation responses**

We would encourage named responses where possible, particularly from representative organisations so that we can reflect that the response is on behalf of members / stakeholders rather than an individual response.

Please tick here if you are happy for your response to be shared publically: ☐

Your name or the name of your organisation: ­­­­­­­­­­­­­­­­­­­­­­­­­

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Your email address:

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Which category of respondent best describes you?

☐ Member of the public

☐ Optical patient

☐ Optometrist

☐ Dispensing optician

☐ Student – optometry

☐ Student – dispensing

☐ Optical business

☐ Education or training provider

☐ Optical professional body

☐ Other optical employer

☐ Healthcare regulator

☐ Other (please specify below)

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**More about you**

The GOC strives to be as diverse as the public it protects and welcomes consultation responses from everyone, regardless of age, disability, gender reassignment, race, religion or belief, ethnicity, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity. We monitor the diversity of all the individuals who respond to our consultations to ensure that we have heard from a diverse range of people and that we can identify where further engagement or consultation may be required. To help us to monitor this, please complete the following questions if you feel comfortable to do so. Providing this information is optional, but we would be grateful for your co-operation. Information provided will be treated in the strictest confidence under the Data Protection Act 1998 and will be only used for monitoring purposes.

**No information in this section will be published or used in any way which allows any individuals to be identified.**

**Please fill out this form if you are an individual respondent and not replying on behalf of an organisation.**

**Gender**

☐ Female ☐ Male ☐ Prefer not to say

**Age**

☐ 16-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+

☐ Prefer not to say

**Sexual orientation**

☐ Bisexual ☐ Heterosexual/Straight ☐ Gay/Lesbian/Homosexual

☐ Other ☐ Prefer not to say

**Disability**

The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial long-term effect on a person’s ability to carry out normal day to day activities.

Do you consider yourself to have a disability?

☐ Yes ☐ No ☐ Prefer not to say

**Gender Identity**

My gender identity is different from the gender I was assigned at birth:

☐ Yes ☐ No ☐ Prefer not to say

**Pregnancy/Maternity**

Are you pregnant, on maternity leave, or returning from maternity leave?

☐ Yes ☐ No ☐ Prefer not to say

**Ethnicity**

**White**

☐ English / Welsh / Scottish / Northern Irish / British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Any other white background – please specify:

**Mixed / multiple ethnic groups**

☐ White and Asian / British

☐ White and Black Caribbean / British

☐ White and Black African / British

☐ Any other mixed / multiple ethnic background – please specify:

**Asian / Asian British**

☐ Indian / Indian British

☐ Pakistani / Pakistani British

☐ Bangladeshi / Bangladeshi British

☐ Chinese / Chinese British

☐ Any other Asian background – please specify:

**Black / Black British**

☐ African / African British

☐ Caribbean / Caribbean British

☐ Any other Black background – please specify:

**Other ethnic group**

☐ Arab / Arab British

☐ Any other ethnic group – please specify:

☐ Prefer not to say

**Marital status**

☐ Civil partnership ☐ Divorced/legally dissolved

☐ Married ☐ Partner ☐ Separated

☐ Single ☐ Not stated ☐ Prefer not to say

**Carer Responsibilities**

Do you perform the role of a carer?

☐ Yes ☐ No ☐ Prefer not to say

**Religion/Belief**

☐ No religion ☐ Buddhist ☐ Christian

☐ Hindu ☐ Jewish ☐ Muslim

☐ Sikh

☐ Any other religion / faith – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Prefer not to say

**Many thanks for completing this confidential monitoring form.**

**Foreword**

The responsibility of the General Optical Council (GOC) is to protect and promote the public’s health and safety. One of the key ways that we do this is by setting the standards of optical education and then accrediting and quality assuring education programmes and qualifications that lead to professional registration with us as an optometrist or dispensing optician.

This consultation is a key stage in our Education Strategic Review, the aim of which is to ensure that our education and training requirements, and our approach to the quality assurance of education providers, are fit for purpose as the optical sector continues to evolve. This evolution will present exciting opportunities for optometrists and dispensing opticians, with the potential for them to take on extended roles and be involved in delivering enhanced services for patients. It is also likely to mean a greater focus on clinical decision-making and the management and treatment of patients with minor eye conditions and eye disease who might previously have received care in a hospital setting.

The responses to this exploratory consultation will help us ensure we develop workable and robust proposals for the future of optical education. It builds upon our previous Call for Evidence and some wider research we have recently commissioned into educational patterns and trends in the regulation of health professional education.

We want to ensure our requirements effectively support students to become confident new practitioners; who communicate well with patients and carers, other health professionals and non-clinical colleagues; and who can effectively adapt to working in teams or autonomously in a range of practice settings to deliver established and new services as the needs of patients change. We particularly recognise the links between our education and training requirements with our Continuing Education and Training (CET) requirements and the need for all optical professionals to be effectively supported to keep their skills and knowledge up to date.

We also want to enable the education providers we accredit and quality assure to be flexible and agile in the delivery of their education and training programmes so they can remain responsive to changing patient, service and business needs in the optical and wider health sector. Eye health and vision services are evolving in different ways across the UK and our education and training requirements must be flexible enough to equip new practitioners to practise confidently, competently and safely wherever they chose to work.

We are also exploring how we can ensure our accreditation and quality assurance processes for education providers can in the future provide the assurances we require while being proportionate and avoiding unnecessary administrative burdens.

We are keen to hear from a wide range of stakeholders in this consultation – patients and patient advocacy groups, students, individual registrants, education providers and individual educators, professional bodies and others. This will help us to ensure that our subsequent proposals are future proof and command the confidence of future students, patients and the public, and optical professionals.

We look forward to hearing from you.

Gareth Hadley Vicky McDermott  
Chair of Council Chief Executive and Registrar

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| Picture of Chair - Gareth Hadley | Picture of Vicky McDermott |

**Introduction**

This consultation sets out a series of 11 concepts that we are exploring as part of our Education Strategic Review.

We would like to hear from stakeholders about how these approaches would impact on them, the optical sector and wider health systems if we were to integrate them in our future proposals for the future of education and training for optometrists and dispensing opticians. We also want to hear from stakeholders about what equality and diversity implications could arise from these concepts, if we were to take them further.

The concepts and principles set out below have been informed by our previous Education Strategic Review Call for Evidence held from December 2016 to March 2017, widespread stakeholder engagement, and independent research.

Our stakeholder engagement to date has indicated strongly to us that now is the right time to be conducting this Review. It has also demonstrated some areas of common ground between many parts of the optical sector and wider health systems about the factors we should take into account in developing proposals for the future. Furthermore, our research into the regulation of education providers by a number of other UK and overseas health professional regulators has also indicated some approaches common to those explored in this consultation.

We will draw upon the responses to this consultation in our ongoing Education Strategic Review, together with further stakeholder engagement and research. We intend to consult on detailed proposals for the future during 2018.

You can find out more about our current approach to education standards and approving and quality assuring providers of optometry and dispensing optician education and training here: <https://www.optical.org/en/Education/>

**Concept 1: Standards for education providers  
  
We are exploring the concept of introducing a new single set of high-level Education Standards for all education and training providers that deliver programmes and qualifications for optometrists and dispensing opticians that lead to professional registration with us.**

We are considering requiring all education and training providers to meet and maintain new Education Standards in order to be approved and continue to deliver programmes that lead to registration with the GOC.

Our objective in developing these Standards would be to ensure all programmes remain fit for purpose in equipping new practitioners to practise competently, confidently and safely howsoever the optical sector across all four countries of the UK continues to evolve and that our regulatory expectations are clearly understood. Our Call for Evidence indicated that there are some barriers to change in how and where eye care is provided that include “*Insufficient clinical competence, confidence and professional willingness among optical professionals to undertake new roles. This is seen to be linked to the content and structure of existing education and training as well as to uncertainty about how new roles would be remunerated…”* (p11, Call for Evidence Summary Report).

At the moment our requirements for education providers are contained in our Education Handbooks. These mainly relate to how education providers deliver their programmes and describe in detail the requirements that must be met. We foresee that in future we may wish to move to a more high-level set of Education Standards, which would inform underpinning regulatory policies and processes relating to the approval and quality assurance of programmes leading to GOC registration.

If we were to introduce new Education Standards and position them in this way, we might direct them more strongly towards encouraging and engendering innovation, variety and flexibility in the way programmes leading to registration with us are delivered and continue to evolve, while ensuring the quality, safety and equivalence of programmes is maintained.

We would subject any draft new Education Standards, which we would expect all education and training providers to meet and maintain, to a future public consultation in due course.   
  
At this stage, we envisage any new Education Standards might include, but may not be limited to:

* standards relating to the design and delivery of programmes, associated support functions, policies and procedures;
* course content;
* mechanisms to enable us to regularly assess and assure the quality of provision; and
* the learning outcomes we would expect all students to have achieved on qualification (see below).

As part of meeting any new Education Standards, we would expect education providers to demonstrate to us certain features of their programmes to ensure ongoing sufficiency, safety and quality of programmes.

These criteria and features could include, but may not be limited to:

* an evidence-based approach to designing and delivering education - developing and drawing upon relevant clinical, technical, professional, and educational research;
* understanding current and evolving eye health needs across the UK;
* recognising the various ways by which eye health services are delivered and how they may continue to evolve;
* collaboration with other programmes of health professional education;
* developing active relationships with employers/service provider bodies of all types, to understand and respond to patient need and expectations, and relevant workforce requirements; and
* utilising and developing modes of learning and programme delivery in line with evolving educational practice.

Our Call for Evidence indicated that some of our stakeholders have an appetite for new and different approaches to the delivery of education such that “…*modular and flexible learning models should be considered, including the opportunity for more e-learning, blended learning, part-time and earn-as-you-go etc.*” (p27, Call for Evidence Summary Report).

Our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that a number of jurisdictions already set overarching education standards.

## Questions

1. **Do you agree or disagree with us further exploring the concept of new Education Standards in the way we describe above?**

Agree  
  
Disagree  
  
Don’t know

1. **Please tell us more about your views on this concept, including any opportunities or risks you foresee.**

**Concept 2: Education Standards and Professionalism  
  
We are considering linking any new Education Standards directly to our Standards of Practice for Optometrists and Dispensing Opticians.**

We already have Standards of Practice for Optical Students -<https://www.optical.org/en/Standards/standards-for-optical-students.cfm> which are strongly reflective of our Standards of Practice for Optometrists and Dispensing Opticians -<https://www.optical.org/en/Standards/Standards_for_optometrists_dispensing_opticians.cfm>. All optical students must be registered and adhere to our standards for students throughout this period. Our Standards for Optical Students describe the standards of knowledge, skills and behaviour we expect all student optometrists and student dispensing opticians to demonstrate and are equivalent to our professional standards, except that students do not need to meet our Continuing Education and Training (CET) requirements.

In making a strong link between any new Education Standards and our Standards of Practice we would be seeking to ensure our professional practice standards inform and permeate the education and training that student optometrists and dispensing opticians receive. This is to ensure the professional standards and values, central to optical practice, are also at the heart of the education and training that UK optometry and dispensing optician students receive.

### Questions

1. **Do you agree or disagree with the concept of informing our education requirements by our professional standards?**

Agree  
  
Disagree  
  
Don’t know

1. **Please tell us more about your views on this concept, including any opportunities or risks you foresee.**

**Concept 3: Learning outcomes**

**We are considering introducing education learning outcomes which all optometry and dispensing optician education providers would be required to deliver.**

We are exploring the extent to which it would be appropriate and effective to describe in the form of learning outcomes the professional competencies to be required of future newly qualified optometrists and dispensing opticians. We know that some other health professional regulators have already moved from a prescriptive educational competencies approach towards this method.

Any learning outcomes in this context would be high level and potentially applicable to all programmes leading to registration with us. If we were to take this approach, it could enable a greater variety of approaches to course delivery as long as it could be assured that the learning outcomes we set out were being achieved. The obligation to deliver any learning outcomes could be embedded within new Education Standards that we are exploring, as discussed above. The Call for Evidence indicated that “*It is generally felt, even by the majority which is supportive of the GOC’s involvement in this area, that the GOC’s approach to accreditation and quality assurance of education programmes should be less input-driven and more focused on outcomes…*” (p20, Call for Evidence Summary Report).

In this context, we may expect education and training providers to interpret and apply any learning outcomes over time in the context of a range of dynamic factors such as, but not necessarily limited to:

* clinical practice techniques and the application of relevant research - the Call for Evidence indicated “*a consensus on desirable principles or outcomes of the approach to education” including “be clinically focused and experientially based”* (p16, Call for evidence Summary Report).
* new and emerging technology;
* demographic needs and patient expectations;
* safety and professionalism - the Call for Evidence indicated “*a consensus on desirable principles or outcomes of the approach to education*” including *“build(ing) strong communication and problem-solving skills*” (p16, Call for Evidence Summary Report);   
  and
* new and evolving service delivery/business models.

We envisage that such an approach could lead to our requirements having more flexible application for education providers. Indeed, the Call for Evidence indicated that “*There is a…commonly held view that the GOC’s approach should not seek to prescribe standardised methods (so institutions have flexibility to select the most appropriate approach for their setting and to innovate) but that it should seek to ensure standards are equivalent across training institutions*” (p21, Call for Evidence Summary Report).

Our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that “*Regulators and accreditation bodies in all of the jurisdictions…have in common that they take a largely outcomes-based approach to their intervention in initial education*” (p4, Patterns and Trends Research Collaborate Research 2017).

## Question

1. **What are your views on the concept of system-wide learning outcomes for optometry and dispensing optician education and training, instead of an educational competency-based approach?**

**Concept 4: Links to Continuing Education and Training**

**We are considering the implications of our Education Strategic Review on Continuing Education and Training (CET) including whether any change to the education competency-based approach would enable us to focus the CET scheme on our Standards of Practice for Optometrists and Dispensing Opticians rather than the current education competencies.**  
At present our CET scheme, a requirement of continued registration with us,is linked to the current education competencies for optometry and dispensing optician education and training programmes. If we were to move away from the education competencies currently in place, it would have a direct consequence for the way in which we define and approve CET.

You can find out more about our current CET requirements here: [www.optical.org/en/Education/CET/index.cfm](http://www.optical.org/en/Education/CET/index.cfm)

This consultation is not directly about CET: we are currently undertaking a review of our CET scheme separately to our Education Strategic Review. However, we recognise the important interdependency between these aspects of our regulatory approach. Some of our stakeholders have also reflected to us that the link between CET and the current educational competencies may be perceived by some as restrictive, in that it could unintentionally discourage training and development beyond the level of initial education and training. The Call for Evidence showed that “*While CET is to be the subject of a separate review, it has been frequently raised in response to this Education Strategic Review. There is a commonly held view that the current CET system is not fit for purpose, as it is perceived to result in a tick box approach, and maintenance of entry level standards, rather than a genuine development*” (p30, Call for Evidence Summary Report).

If we were to move to a learning outcomes-based approach, it could provide an opportunity to disconnect the CET requirements from our education requirements entirely. This could enable CET to be refocused on more strongly encouraging continuing professional development, with registrants being required to demonstrate that their practice was being maintained in accordance with our Standards of Practice for Optometrists and Dispensing Opticians. This would also be more in line with the approaches of some other UK health professional regulators.

## Questions

1. **What do you see as the merits to removing the current link between CET and our education requirements, if any?**
2. **Do you envisage any disadvantages or risks in this approach, and if so what are they?**

**Concept 5: Educational content**

**We are considering reviewing the content of education and training leading to professional registration with us.**We heard repeatedly in our Education Strategic Review Call for Evidence about the range of technological developments shaping contemporary optical practice, how patient need is changing and how there are a variety of new services being designed, developed and delivered in some parts of the UK. We also heard that “*It is generally expected that more optical care will need to be provided in the community, including in domiciliary settings, in response to changing needs of patients…and alleviate pressure on already overstretched hospital eye services*” (p9, Call for Evidence Summary Report).

In considering what the future content of education and training programmes should be, we must take into account any relevant current legislative requirements and the requirements of other bodies, as well as the full extent of what students will need to know, understand and do as competent, confident and safe optical professionals in the future.

We plan to engage with our stakeholders further aboutthe clinical, technical and academic content of programme content in 2018. However, at this stage we are exploring certain relevant cross-cutting aspects which could inform our future proposals, including:

* the extent to which enhanced service delivery or extended roles for practitioners are becoming, or will become, normalised in the optical sector UK wide, and the bearing this would have on what newly qualified practitioners need to be equipped to do;
* the impact of technology on practice and the extent to which this may or may not be replacing certain traditionally manual and measurement skills;
* the potential for more optical services to be led by optometrists or dispensing opticians in high street, domiciliary and other community settings, rather than in hospital eye services in the future;
* the potential for optometrists and dispensing opticians to contribute further to service delivery in these settings and in ophthalmologist-led hospital settings;
* the impact of evolving service provision on specialist practice;
* the trends towards multidisciplinary working between healthcare professionals within and across team and organisational boundaries;
* the skills of confident clinical decision-making and application of evidence-based practice;
* the need for the professionals we register to communicate effectively and confidently with patients, carers, other health professionals and the wider health system and optical sector;
* monitoring and promoting public health.

Consistent with this, our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that “*Within optometry, additional skill development has been required in those jurisdictions where practitioners now diagnose and manage eye health conditions. Across all of the health professions, there is an increasing priority being placed on…evidence based practice; team working; a patient-centred approach to delivering care; and a commitment to career-long learning and development*” (p3-4, Patterns and Trends Research Collaborate Research 2017).

**Questions**  
  
**8. What do you see as the key changes needed to the current content of optometry programmes and dispensing optician programmes to ensure our future requirements are fit for purpose?**

**Concept 6: Enhanced clinical experience for students  
  
We are exploring the implications of introducing a hybrid approach to all education programmes leading to professional registration with us – an approach that combines academic study with clinical experience from the start.**

We are considering the merits and potential ways of enabling clinical experience to be embedded throughout the whole educational journey, starting from year 1 and progressively increasing through to the end of the programme. This applies particularly, but not solely, to optometry programmes: there is already strong clinical practice experience embedded in the vocational routes to registration as a dispensing optician.

Our current perspective is that such an approach could help to further build professional confidence, effective communication and professionalism, and support education providers to optimise access to a range of patient groups and condition types during the student years. Our Call for Evidence indicated that for some “*It is felt that practice experience should be woven into the programme at an early stage so that students are prepared for a broadened and more varied clinical role*” (p16, Call for Evidence Summary Report).

Our Call for Evidence and continuing stakeholder engagement has suggested that in some cases the current minimum requirements for patient episodes may be insufficient, although we have received some mixed views on this perspective. However, it also indicated that *“…there is a consensus that core training needs to be more clinically and practice based*” (p15, Call for Evidence Summary Report). We are also aware that there is already some variation in the extent and range of clinical experience being provided to students by different education providers.

A consequence of taking a more hybrid approach would be to move away from the notion of the ‘pre-registration year’, where that applies, and that education providers would take on responsibility for the entirety of the student journey, with the awarding of an academic qualification that could lead to registration with us at the end.

Our Call for Evidence Summary Report indicated a mixed picture on the concept of a pre-registration year for optometrists. It said “*A number of respondents support the continuation of the College’s* (College of Optometrists) *SfR* (Scheme for Registration) *unchanged for optometry but some feel that the current approach may warrant some review*” (p37, Call for Evidence Summary Report). It also indicated that “*there is support for core training to be maintained as a two-part process within which there is an undergraduate programme followed by a period of time working under supervision (pre-registration)*”, although “*a number of respondents were unsure about how to incorporate the additional content required to raise standards without an increase in the length of the undergraduate degree*” (p15 & 16, Call for Evidence Summary Report).

If we were to develop a more hybrid approach, it would most likely necessitate education and training institutions building active, innovative and ongoing relationships with a range of eye health service providers - such as independent and multiple community optometry practices, domiciliary care providers, community ophthalmology-led services, and hospital eye services, as well as where relevant continuing to develop their university eye clinics.

We also envisage that education providers might wish to continue, and where relevant, extend their collaboration and cooperation with those professional associations and learned societies that have existing expertise in practice-based training and supervision. This would be in order to ensure that student placements – ranging from the observational to the practical - could be facilitated effectively, including in terms of range, variety and depth, and are supervised safely in accordance with adequate clinical governance procedures.

If we were to take this approach we would not necessarily be prescriptive about the amount and format of the practical elements of programmes, but might instead expect education providers to be proactive and innovative in how they are designed and delivered, while ensuring safety and adequate support is in place for students, patients and placement providers and that all relevant clinical governance requirements are maintained.

There would also be an opportunity for education and training providers to develop and utilise innovative ways of providing alternative modes of practical experience, which might in some cases include patient simulation techniques and drawing upon other technological advances.

Our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that other regulators have also sought to ensure that students have “*sufficient and varied opportunities to gain practical and clinical experience*” (p5, Patterns and Trends Research Collaborate Research 2017).

## Questions

1. **Do you agree or disagree with the concept of embedding clinical elements of education and training progressively from the outset of programmes?**

Agree

Disagree  
  
Don’t Know

1. **Tell us more about your views on this concept.**
2. **What do you foresee as being any positive or negative impacts on students, education providers, employers, patients and carers from taking a hybrid approach?**

Concept 7: National registration examination  
  
We are exploring whether we should retain the principle of a national standardised examination or assessment as a requirement, together with other elements, for UK trained practitioners to enter the GOC’s professional register.

At present a recognised qualification, based on a programme of study approved by us as a UK route to registration, together with the successful completion of a practical period of training is required to enter our professional register. For most student optometrists, and some student dispensing opticians, a significant proportion of practical training is contained within a pre-registration year.  
  
We are considering retaining the concept of a standardised assessment as a requirement for registration with us. This could be in the form of national registration examination for optometrists and for dispensing opticians, which the GOC would accredit and quality assure. The Call for Evidence Summary Report said: “*There has also been a suggestion made that the GOC may wish to consider an alternative (or additional) approach to accreditation and quality assurance of education programmes involving standardised exams of graduating students*”. It also said that “*In addition, the GMC (who responded to the call for evidence) is also now looking at introducing a medical licensing assessment that would create a single, objective demonstration that those applying for registration…can meet a common threshold for safe practice*” (p22, Call for Evidence Summary Report).

We recognise that if we were to introduce the concept of hybrid courses the practical elements would already have been subjected to testing and assessment by education providers and therefore a standardised national qualifying examination might be duplicative and disproportionate. It might create tension with our objective of stimulating more innovation and flexibility and we would need to consider how best to manage this tension.

On the other hand we can see that a standardised examination or assessment could maintain a national benchmark for equivalence that overarches a potentially more varied range of approved education programmes. The Call for Evidence indicated “*There is broad agreement that, to ensure that sufficiently high and consistent standards are demonstrated by new registrants, a system needs to be retained for the independent assessment of all optometry students at the point of graduation (currently in the UK this is via the College’s SfR), along with a period of assessed and supervised practice prior to entering the register*” (p37, Call for Evidence Summary Report).

If we were to take this approach we would expect any assessment to be delivered independently from the providers that we approve to deliver optometry and dispensing optician qualifications. We intend to reflect further on this potential approach and draw upon relevant research and experience from other regulators.  
  
Our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that a number of other regulatory jurisdictions already have ‘standardised licensure examinations in place’ in the UK and overseas and others are currently considering introducing a pre-registration standardised assessment (p75, Patterns and Trends Research Collaborate Research 2017).

## Questions

1. **Do you agree or disagree with the concept of a national registration examination?**

Agree  
  
Disagree

Don’t know

1. **What are the merits and risks of this concept?**

**Concept 8: Multi-disciplinary education  
  
We are considering the concept of embedding a multi-disciplinary ethos into education programmes.**   
We have heard from our stakeholders that some optometrists and dispensing opticians are increasingly expected to work in conjunction and/or in collaboration with other health professionals. The Call for Evidence Summary Report was clear that “*it is anticipated that…provision will need to be by multi-disciplinary teams in order to use resources efficiently and enable holistic, joined up care to be provided*” (p8, Call for Evidence Summary Report). This is sometimes within a single practice setting, such as a hospital eye service, or across organisational boundaries - such as between a high street practice and a GP practice, with domiciliary care providers, or other community or hospital eye services. This may also be characterised by shared patient care responsibilities and referrals into and from of other health services, for example.   
  
A multi-disciplinary approach within our future education standards and requirements could help to prepare students to practise more effectively alongside and together with other health professionals.

We are considering the extent to which the following could add value to education programmes:

* inter-professional and multi-disciplinary elements of study, alongside other student health professionals,
* joint ‘clinically oriented’ academic schools,
* inter-institutional relationships.

We understand that some education providers may find it easier to develop these relationships more quickly than others, based on the range of academic departments already within their own institutions. We would be unlikely to take a prescriptive approach to this, in order to facilitate continued innovation.

Our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that other regulators are also “*considering ways in which students can undertake inter-professional learning*” (p5, Patterns and Trends Research Collaborate Research 2017).

Questions

1. **How feasible would it be to develop inter-professional and multi-disciplinary elements of study within optometry and dispensing optician education programmes?**
2. **Tell us about any examples you know of already in other disciplines from within or outside the UK.**

**Concept 9: Duration of education and training programmes**  
**We are considering** **whether or not to** **retain the current** **minimum duration of education and training for optometrists and dispensing opticians.**

If we were to move to education programmes that embed clinical experience from the start without a distinct pre-registration practical year for optometrists and dispensing opticians, this could have implications for the current duration of education and training i.e. at least 4 years for optometrists and at least 3 years for dispensing opticians. Retaining the current minimum durations would mean the awarding of academic qualifications would take place at the end of the final year for optometrists (e.g. year 4) and at the end of the final year for dispensing opticians (e.g. year 3).

We will need to consider carefully what the range and depth of mandatory elements of course content should be (as described above) to ensure all elements of education programmes remain relevant and any new areas are taken into account. Equally some education providers may be able to develop more innovative approaches to the delivery of programmes that could have an impact on the length of programmes. If we were to change the minimum duration of the education and training period leading to registration with us, we would need to take account of the impact any change would have on maintaining equivalence with the non-UK educational qualifications we recognise as part of our professional registration requirements.

We are also aware that the duration of programmes has a direct financial impact on students and education providers and we must ensure that we balance the need to develop future-proof education requirements with the range of practical implications for students, education providers and employers.  
  
Our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that for optometry the duration of initial education requirements is at least 4 years in length and none of the overseas jurisdictions considered had a separate pre-registration practical period, although one jurisdiction is considering it (p7-8, Patterns and Trends Research Collaborate Research 2017).

## Questions

1. **What do you see as the strengths and weaknesses of retaining the current minimum duration as described above?**
2. **What could be done differently in order to ensure students become competent, confident and safe beginners?**

**Concept 10: UK educational routes to registration  
  
We are considering how the structure and content of courses delivered in the UK that lead to professional registration with the GOC could enable effective career progression and transference into and between different optical roles.**We are considering how our future approach can avoid any unnecessary constraints on the ability for individuals with the right aptitudes, attitudes and interests to move into and between optical roles where they wish. Some of these roles may be regulated and some may not be. The Call for Evidence indicated that in future education could be structured so as to “*provide a career progression path for optical professionals which is both clear and flexible*” (p17, Call for Evidence Summary Report).

The GOC has consulted on a policy on the accreditation of prior learning, which recognises that some practical experience in non-registered roles may be equivalent to elements of our education standards and requirements and therefore can be taken into account by education providers making decisions about admission to current programmes that lead to registration with us. The Call for Evidence Summary Report said *“…accrediting prior learning (e.g. as an optical assistant or in another healthcare profession) is expected to play a part in future admissions procedures*” (p36, Call for Evidence Summary Report).

As eye health roles and the needs of patients and nature of services continue to evolve, we recognise that the professions we regulate may need to change more fundamentally in the future. The Call for Evidence indicated that “*There are mixed views as to whether the GOC should retain the current optometrist/dispensing optician distinction on the register…or dispense with these (because of an expected blurring of boundaries between the professions moving forward…*)” (p18, Call for Evidence Summary Report). We want to ensure the outcomes of our Education Strategic Review promote accessibility and flexibility, pending further discussion about the structure of our registers.

In the context of the Education Strategic Review, we are exploring how in the future individuals could move either into or more easily between the professional groups that we regulate in ways that enable flexible and agile eye health teams to continue to develop while at the same time continuing to maintain public protection. This could include supporting new and different routes into and between the education programmes we approve, such as from:

* non-regulated optical roles to dispensing opticians or optometrists,
* dispensing opticians to optometrists or vice versa,
* regulated or non-regulated roles to contact lens optician,
* optometrist to Independent Prescriber optometrist.

Some developments in this area would require changes to legislation and it may not be possible to pursue them within the duration of our Education Strategic Review, whether or not it is appropriate in the long term. However, others may be more possible, such as considering higher level or degree apprenticeships as possible routes to registration, facilitating conversion courses between approved programmes, and recognising that certain inter-professional education between optometrist and dispensing optician programmes may be appropriate. It was indicated in the Call for Evidence “*That there should be more opportunities for inter-disciplinary learning, perhaps via parts of the course content provided alongside other eye health professionals*” (p27, Call for Evidence Summary Report).

# Questions

1. **What do you see as the opportunities for more flexibility between the education of different regulated and non-regulated optical professions?**
2. **What are the constraints and risks to this?**

**Concept 11: Proportionate quality assurance   
  
We will in due course be considering how we develop a proportionate approach to our approval and quality assurance mechanisms for education providers in the context of the future recommendations of the Education Strategic Review.**We will consult in more detail in the future about the quality assurance processes that could accompany any future education standards and requirements, as our Education Strategic Review progresses. At this stage, we are considering how we can ensure these approaches are and remain effective and proportionate for education and training providers and the GOC.

Some of the concepts and principles we are exploring further in this area include, but are not limited to:

* proportionality and cost-effectiveness,
* avoidance of unnecessary duplication, including with other regulatory or quality assurance approaches,
* a risk-based and evidence-led approach - The Call for Evidence suggested that “*in designing its future approach to accreditation and quality assurance, the GOC should consider the available evidence base on what makes the most demonstrable difference when training students*” (p21, Call for Evidence Summary Report),
* equivalence and fairness in decision-making.

As described above, if we were to develop future approaches that promote greater innovation and a variety of approaches to programme delivery we must still ensure the same level of quality and safety of education provision across all programmes.

Although our quality assurance process in such a context may become procedurally ‘right-touch’, it must still be meticulous in scrutiny if we are to fulfil our public protection duty. We intend to learn lessons where relevant from the experience of other health professional regulators, in the UK and beyond, where they have introduced approaches similar to those we are exploring.   
  
Our independent research into educational patterns and trends in optical and other health professional education and regulation indicates that “*in a number of jurisdictions (there is) a trend…towards adopting a risk-based approach to quality assurance and re-accreditation of providers*” (p5, Patterns and Trends Research Collaborate Research 2017).

Question

1. Are there any other principles and concepts we should consider at this stage in exploring future approaches to our quality assurance processes?

**Equality and Diversity**

**We must ensure that we recognise the impact of any future proposals from the Education Strategic Review on all our stakeholders.**

We have set out a number of concepts and principles above that we are exploring as part of our ongoing Education Strategic Review. These are not formal proposals for change but, if we were to develop them further into proposals for the future, we need to fully understand their implications on all stakeholders, including those with protected characteristics under the Equality Act 2010.

The protected characteristics are:

* age
* disability
* gender reassignment
* race
* religion or belief
* sex
* sexual orientation
* marriage and civil partnership
* pregnancy and maternity

**Question**

1. **Please tell us about any direct or indirect impact you can foresee from the concepts and principles we have set out in this public consultation on anyone with protected characteristics.**

## Summary of consultation questions

## Concept 1: Standards for education providers

1. Do you agree or disagree with us further exploring the concept of new Education Standards in the way we describe above?

Agree  
  
Disagree  
  
Don’t know

1. Please tell us more about your views on this concept, including any opportunities or risks you foresee.

## Concept 2: Education Standards and Professionalism

1. Do you agree or disagree with the concept of informing our education requirements by our professional standards?

Agree

Disagree

Don’t know

1. Please tell us more about your views on this concept, including any opportunities or risks you foresee.

## Concept 3: Learning Outcomes

1. What are your views on the concept of system-wide learning outcomes for optometry and dispensing optician education and training, instead of an educational competency-based approach?

## Concept 4: Links to Continuing Education and Training

1. What do you see as the merits to removing the current link between CET and our education requirements, if any?
2. Do you envisage any disadvantages or risks in this approach, and if so what are they?

## Concept 5: Educational Content

1. What do you see as the key changes needed to the current content of optometry programmes and dispensing optician programmes to ensure our future requirements are fit for purpose?

## Concept 6: Enhanced clinical experience for students

1. Do you agree or disagree with the concept of embedding clinical elements of education and training progressively from the outset of programmes?

Agree

Disagree

Don’t Know

1. Tell us more about your views on this concept.
2. What do you foresee as being any positive or negative impacts on students, education providers, employers, patients and carers from taking a hybrid approach?

## Concept 7: National registration examination

1. Do you agree or disagree with the concept of a national registration examination?

Agree

Disagree

Don’t know

1. What are the merits and risks of this concept?

## Concept 8: Multi-disciplinary education

1. How feasible would it be to develop inter-professional and multi-disciplinary elements of study within optometry and dispensing optician education programmes?
2. Tell us about any examples you know of already in other disciplines from within or outside the UK?

## Concept 9: Duration of education and training programmes

1. What do you see as the strengths and weaknesses of retaining the current minimum duration as described above?
2. What could be done differently in order to ensure students become competent, confident and safe beginners?

## Concept 10: UK educational routes to registration

1. What do you see as the opportunities for more flexibility between the education of different regulated and non-regulated optical professions?
2. What are the constraints and risks to this?

## Concept 11: Proportionate quality assurance

1. Are there any other principles and concepts we should consider at this stage in exploring future approaches to our quality assurance processes?

## Equality and Diversity

We must ensure that we recognise the impact of any future proposals from the Education Strategic Review on all our stakeholders.

1. Please tell us about any direct or indirect impact you can foresee from the concepts and principles we have set out in this public consultation on anyone with protected characteristics?