

GOC Education Strategic Review

ABDO response to consultation on education and training requirements for GOC approved qualifications



SECTION 1 - ABOUT YOUR ORGANISATION

1. On behalf of which organisation are you responding? Please answer (Required)

ABDO Answer

I am responding on behalf of the Association of British Dispensing Opticians (ABDO). ABDO is the professional body for dispensing opticians in the UK and provides professional examinations in the UK and internationally. ABDO is legally incorporated and represents approximately 6,500 qualified members and more than 1,500 student members.

There are currently six providers of education programmes for student dispensing opticians: ABDO College, Bradford College, City and Islington College, Glasgow Caledonian University (although this programme has been suspended temporarily), University of Central Lancashire and Anglia Ruskin University (ARU).

All students who successfully complete the programmes at ABDO College, Bradford College, City and Islington College, Glasgow Caledonian University and the University of Central Lancashire gain the FBDO Level 6 Diploma in Ophthalmic Dispensing, which is the professional qualification provided by ABDO. ARU offer a choice of their own registerable foundation degree or ABDO's FBDO qualification.

There are around 7000 dispensing opticians on the GOC register and approximately 98 per cent have gained the FBDO Level 6 Diploma in Ophthalmic Dispensing qualification. The remainder – around 180 – joined the GOC register after gaining the ARU foundation degree.

ABDO's FBDO qualification sits on the national framework of qualifications and is regulated by Ofqual. It is a Level 6 qualification, which is a degree-level of learning.

2. Which of the following categories best describes your organisation? Please answer (Required)

Provider of GOC approved qualification(s) <input checked="" type="checkbox"/>	Optical defence/representative body <input type="checkbox"/>
Optical professional body <input checked="" type="checkbox"/>	Optical insurer <input type="checkbox"/>
Optical business registrant <input type="checkbox"/>	Commissioner of optical care <input type="checkbox"/>
Other optical employer <input type="checkbox"/>	Healthcare regulator <input type="checkbox"/>
Current CET or CPD provider <input checked="" type="checkbox"/>	Other (please specify) <input type="checkbox"/>

If you selected 'other', please specify

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SECTION 2

1. Have you read the 'Outcomes for Registration' and 'Standards for Approved Qualifications' before answering these questions?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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2. What impact, if any, will introducing the proposed 'Outcomes for Registration' have on the expected knowledge, skill and behaviour of future optometrists?

Very positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>
Positive impact <input type="checkbox"/>	Very negative impact <input checked="" type="checkbox"/>
No impact <input type="checkbox"/>	Don't know <input type="checkbox"/>

3. What impact, if any, will introducing the proposed 'Outcomes for Registration' have on the expected knowledge, skill and behaviour of future dispensing opticians?

Very positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>
Positive impact <input type="checkbox"/>	Very negative impact <input checked="" type="checkbox"/>
No impact <input type="checkbox"/>	

4. Is there anything in the criteria in the 'Outcomes for Registration' that is missing or should be changed? (Required)

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
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If you ticked 'yes' please tell us what you think is missing or should be changed.

ABDO Answer

We agree with the GOC on the need to update the competencies which students must acquire in order to encourage innovation and the development of extended scopes of practice. However, we do not support the proposal to replace the current competencies with the draft outcomes for registration.

We note that the proposed outcomes for registration purport to describe the knowledge, skills and behaviours that a dispensing optician or optometrist must have at the point when they qualify and join the GOC register ("day one of professional practice"). However, the proposed outcomes do not, in fact, describe with any precision the knowledge,

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skills and behaviours that a dispensing optician or optometrist must have at this point. This would create wide room for interpretation and inevitably, the risk of lower standards.

We welcome the broader focus in the new outcomes for registration on the knowledge, skills and behaviours that will be required of dispensing opticians and optometrists as healthcare professionals, including 'person-centred care', 'communication', 'lifelong learning' and 'leadership and management'. The proposed outcomes do not make clear, however, what clinical knowledge and skills will be required of dispensing opticians and optometrists in the future. Neither do they differentiate between the two different professions.

Of the seven areas covered by the draft outcomes for registration, six are generic and could apply to any healthcare professional. The remaining area – outcome six – is 'clinical practice'. This is very "high-level", with the same three outcomes applying equally to dispensing opticians and optometrists. These outcomes are:

"O6.1 Undertakes safe and appropriate ocular examination using appropriate techniques and procedures to inform clinical decision making including management of medicines within individual scope of practice.

O6.2 Engages with developments in research, including through the critical appraisal of relevant and up-to-date evidence, to inform personal clinical decision-making and to improve quality of care.

O6.3 Analyses visual function from a range of diagnostic sources and uses data to put together a management plan in areas of professional practice such as:

- Dispensing of Optical Appliances
- Low Vision/Visual Impairment
- Refractive management
- Anterior eye and Contact Lenses
- Ocular and systemic Disease
- Binocular Vision
- Paediatrics
- Patients with Learning Disabilities and complex needs
- Occupational optometry"

Such scant detail about the requisite clinical skills and knowledge would give qualification providers an unduly wide discretion as to what to teach students and to what level. A marked inconsistency in the standards of newly qualified students from different education providers would not just be a possibility, therefore, but a likelihood. The result would be variation in standards of care to patients.

The proposed outcomes are not "fit-for-purpose". They would lead to inconsistent and lower standards of education. The risk of lower and inconsistent standards is compounded by the fact that under the proposed new system, there would potentially be multiple qualification providers and no common approach to assessment.

Further downward pressure on standards would result from the financial pressures faced by education providers, with these pressures being enhanced by the fact that there is no prospect of additional funding to implement the GOC's planned changes. Education providers also face commercial pressure to deliver results in order to be well-placed in a competitive market. Therefore, the potential removal of an external assessment structure would increase the pressure on providers to achieve results, at the expense of proficiency.

Lower and inconsistent standards would not be in the interests of patients, the general public, students, employers or commissioners. They would also be contrary to the original purpose of the ESR, which was to promote higher standards in order to prepare students for future roles, including delivering enhanced services for patients.

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A related concern is that having a single set of 'high level' outcomes for dispensing opticians and optometrists would potentially mean that it would be possible to have only one apprenticeship standard for the optical sector. This would limit the ability of employers to access funding for education and reduce the choice of learning pathways for all students in the sector. The GOC needs to address, therefore, the lack of detail about the required clinical knowledge and skills. It could do so by adding more detail to the proposed outcomes or ensuring that there are additional standards of proficiency which approved providers must ensure students can meet, or both.

There is established good practice which the GOC could follow.

The Health and Care Professions Council (HCPC) produces separate standards of proficiency for each of the fifteen professions it regulates. According to the HCPC, "the role of the standards of proficiency [is that]:

- they set out the threshold standards we consider necessary to protect the public (unique to each of our registered professions);
- they set clear expectations of our registrants' knowledge and abilities when they start practising;
- registrants must continue to meet the standards of proficiency that apply to their scope of practice;
- HCPC approved programmes equip graduates to meet these standards;
- they outline what service users and the public should expect from their health and care professional;
- we use them if someone raises a concern about a registrant's practice."¹

It may be seen that "threshold standards" and "clear expectations for registrant's knowledge and abilities" at the commencement of practice are at the heart of this approach.

By way of further example, the General Medical Council (GMC) has produced both two related publications: *Outcomes for graduates* and *Practical skills and procedures*, which the GMC says, "supplements the outcomes by defining the core diagnostic, therapeutic and practical skills and procedures newly qualified doctors must be able to perform safely and effectively, and identifying the level of supervision needed to ensure patient safety."²

The GMC makes clear the importance of both publications by saying that together, the *Outcomes for graduates* and the *Practical skills and procedures*, "set out what we expect newly qualified doctors to be able to know and do." They go on to say that these publications should be read alongside *Promoting excellence: standards for medical education and training*, which set the standards and requirements for all stages of medical education and training.³

Once again the emphasis is on "threshold standards" and "clear expectations" for new registrants. By threshold standards and "clear expectations", both of these bodies are referring to benchmarked standards that are objectively verifiable and can be reliably assessed.

By way of further example, the General Pharmaceutical Council (GPhC) also provides additional information about the clinical knowledge and skills required of newly qualified pharmacists. The GPhC's publication *Standards for*

1. This is the link to the relevant page on the HCPC's website:

<https://www.hcpc-uk.org/standards/standards-of-proficiency/>

2. This is the link to the relevant page on the GMC's website:

https://www.gmc-uk.org/-/media/documents/practical-skills-and-procedures-a4_pdf-78058950.pdf

3. This publication is available on the GMC website: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence>

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the initial education and training of pharmacists includes the outcomes required of newly-qualified pharmacists and has as an annex an indicative syllabus that describes in detail the required clinical knowledge and skills. ⁴

It is the absence of detail, and the absence of objectively verifiable benchmarked standards that can be reliably assessed, that is most notably absent from the GOC's proposals.

We would be happy to work with education providers, employers, fellow professional bodies and the GOC to define the "standards of proficiency" that would be required of dispensing opticians in order to practise safely and effectively on qualifying and joining the GOC register. Requiring approved providers to ensure that students achieve these "standards of proficiency", would then help to promote consistent standards of entry to the profession and protect patients and the wider public. Providing guidance in an "indicative document" would not be sufficient.

5. What impact, if any, will introducing the proposed 'Standards for Approved Qualifications' have on the expected knowledge, skill and behaviour of future optometrists and dispensing opticians? (Required)

Very positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>
Positive impact <input type="checkbox"/>	Very negative impact <input checked="" type="checkbox"/>
No impact <input type="checkbox"/>	Don't know <input type="checkbox"/>

6. Is there anything in the 'Standards for Approved Qualifications' that is missing or should be changed? (Required)

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
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If you ticked 'yes' please tell us what you think is missing or should be changed.

ABDO Answer

We wish to highlight two main things which are missing from the proposed standards for approved qualifications:

- A common assessment framework.
- Flexibility about the structure of educational delivery and assessment.

Lack of a common assessment framework

The proposed standards do not include a common assessment framework and the absence of such a framework would increase the risk of lower and inconsistent standards of education.

⁴. This publication is available on the GPhC's website:

https://www.pharmacyregulation.org/sites/default/files/document/future_pharmacists_standards_for_the_initial_education_and_training_of_pharmacists.pdf

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At its meeting in May 2019 to discuss the last ESR consultation, Council was asked to provide a steer on, “the need for a final national examination or a standardised assessment framework and definition of a ‘safe beginner’”.⁵

This led to the decision by the Council in July 2019 that there should be a common assessment framework, which was described by the GOC as a standardised framework that:

“gives an assurance that people will reach the same level, but gives room for flexibility to decide which elements to assess, when and how to ensure that the individual reaches the baseline for a ‘safe beginner’”.

When the current expert advisory groups – one for optometrists and one for dispensing opticians – were established in September 2019, the terms of reference included the requirement to, “provide advice, support and assistance in the creation of the Assessment Framework.”

These developments led us to believe that the common assessment framework would help to offset the risk of inconsistent and lower standards in the event that there are different routes to registration. However, the GOC has subsequently abandoned its attempts to develop a common assessment framework altogether.

Instead, the GOC now say that the idea of a common assessment framework has been incorporated in the standards for approved qualifications. But on closer examination, this cannot be the case. The standards themselves are not a framework but aspirational goals. There is no objective common framework by which the quality and standard of training provision can be assessed. Requiring each provider of a qualification to meet generic standards by reference to its own self-assessment of those standards will not provide any assurance that all students will reach the same baseline on entry to the profession. For example, Standard 3.7 in the proposed standards for approved qualifications provides that:

“Assessment (including lowest pass) criteria must be explicit and set at the right standard, using an appropriate and tested standard-setting process.”

It seems to be the GOC’s intention that the provider of the approved qualification should itself decide what is the ‘right standard’. But if it is left to the discretion of the provider of the approved qualification it seems inevitable that there will be significant variations between different approved qualifications. This is not in the interests of students, patients, the general public, employers or commissioners.

Furthermore, Standard 3.6 provides that:

“Assessment (including lowest pass) criteria, choice and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must ensure safe and effective practice and be appropriate for a qualification leading to registration as an optometrist or dispensing optician.”

Again, this kind of generic aspirational wording of standards will not be sufficient to ensure a consistent baseline for entry to the professions because, as mentioned in our answer to question four above, the lack of detail in the proposed outcomes for registration about clinical practice means that what is considered to be “safe and effective practice” and “appropriate for a qualification leading to registration as an optometrist or dispensing optician” will be likely to vary markedly between approved qualifications.

5. See the GOC’s “Response to the Education Strategic Review (ESR) Consultation on draft Education Standards for providers and Learning Outcomes for students” (published September 2019), which is available on the GOC website:

https://www.optical.org/filemanager/root/site_assets/education/education_strategic_review/consultations/1908_-_esr_consultation_response_report.pdf

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It seems clear to us that the GOC has departed from the decision to develop a common assessment framework without being transparent about why it has done so and without adequately considering the obvious risks.

These risks could be partly addressed by defining the "standards of proficiency" that would be required of dispensing opticians in order to practise safely on qualifying and joining the GOC register.

Requiring approved providers to ensure that students achieve these standards of proficiency would then help to promote consistent standards of entry to the profession and protect patients and the wider public. We again emphasise the importance of clearly expressed, objectively verifiable standards of proficiency that would provide clarity of expectation as to the threshold standard that students are required to meet before qualifying and to then maintain thereafter. This clarity of expectation is notably absent from the GOC's proposals.

Lack of flexibility about the structure of educational delivery and assessment

In addition to developing standards of proficiency, the GOC should revise the proposed standards for approved providers of qualifications to provide more flexibility about the structure of educational delivery and assessment. The proposed standards are unduly prescriptive in requiring there to be a single point of accountability for each route of registration and the GOC should focus more on the outcomes which need to be achieved.

A more flexible approach would enable ABDO and other professional bodies to continue to provide external, rigorous professional examinations that ensure consistent, high standards of attainment by students from a range of different education providers – without having to duplicate the management controls and quality assurance processes which those providers have already. The fact that ABDO's Level 6 FBDO qualification is a qualification regulated by Ofqual would provide further assurance of high quality education.

Under this more flexible approach, it would still be possible (although not mandatory) for education providers to act as a single point of accountability, although there ought still to be some form of independent, external assessment to ensure consistent, high standards. However, standards of proficiency, (which would provide clarity about the required clinical knowledge and skills), coupled with the ability for professional bodies to continue to offer professional examinations, would offset significantly the risk of lower and inconsistent standards.

We note by way of further example that the General Pharmaceutical Council has adopted a more flexible approach, which enables different types of route to registration as a pharmacist, which may or may not include a separate period of pre-registration training. This could provide a helpful model for the modification of the system of education for dispensing opticians and optometrists. The introduction to the Standards for the initial education and training of pharmacists emphasises their built-in flexibility, stating that:

"In Great Britain the four-year MPharm degree is separate from the 52-week pre-registration training with one exception: a five-year MPharm degree with two intercalated periods of pre-registration training. We expect the MPharm degree plus pre-registration training model to predominate in the short term, with an integrated degree combining academic study and pre-registration training being a future possibility. However, these standards have been written in such a way that they could support an integrated degree because we have not been prescriptive about delivery structures." ⁶

6. This publication is available on the GPhC's website:

https://www.pharmacyregulation.org/sites/default/files/document/future_pharmacists_standards_for_the_initial_education_and_training_of_pharmacists.pdf

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Certainly in relation to dispensing opticians, the GOC has not explained why it is intent on prescribing a change to the structure of educational delivery rather than retaining the flexibility that exists currently. There is no evidential basis for the assumption that a SPA will lead to enhanced standards of education. The SPA model has not been subject to any proper public consultation or adequate stakeholder engagement. Nor has there been any proper evidential justification of what supposed benefits the SPA model is expected to confer. The SPA has simply been proposed as a desired model without any justification for why it is supposed to be preferable to a more flexible structure for the delivery of education. Neither have the financial and other impacts of the move to an SPA model been investigated in any way by the GOC or the outcome of such investigation made public. Thus respondents such as ABDO are deprived of commenting meaningfully on the proposed new structure.

ABDO has, prior to this consultation, made very clear its concerns about the move to a SPA model without any proper evidential basis. ABDO continue to consider that it is a serious flaw in the current consultation process that there has been no proper explanation or investigation of how the new proposed structure is supposed to confer benefits or any adequate impact assessment relating to the impacts, both financial and institutional, of such a major change.

The objective of integrating clinical experience with academic study can be achieved without structural change and indeed, is being achieved already. There is already a single set of competencies for dispensing opticians covering both academic study and clinical experience. The GOC's own research shows a high level of satisfaction with the clinical experience received by student dispensing opticians.

Therefore, the current system does give assurance to the GOC, students, employers, commissioners and, most importantly, patients, that the same high level of ability has been demonstrated by each student on entry, independently assessed by a GOC/Ofqual approved awarding body.

7. The 'Standards for Approved Qualifications' include a proposal to integrate what is currently known as pre-registration training within the approved qualification (which must be either a regulated qualification (by Qfqual or equivalent or an academic award listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies).

What do you think the impact of this proposal will be on the expected knowledge, skill and behaviour of future optometrists and dispensing opticians? (Required)

Very positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>
Positive impact <input type="checkbox"/>	Very negative impact <input checked="" type="checkbox"/>
No impact <input type="checkbox"/>	Don't know <input type="checkbox"/>

Please explain your answer. Please consider what potential improvements or barriers of integrating what is currently known as pre-registration training within the approved qualification for future optometrists and dispensing opticians could create.

ABDO Answer

Our first comment is that this question is based on a false premise in that for nearly all student dispensing opticians, there is not a separate period of "pre-registration training". Clinical experience is already integrated with academic study – either as part of ABDO's Level 6 FBDO qualification or the registrable qualification offered by Anglia Ruskin University.

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There is a very significant risk, therefore, that this question will not generate meaningful information about respondents' views on the proposal to introduce the 'single point of accountability' model for the education of dispensing opticians. If the GOC wanted to understand the impact on future dispensing opticians of its proposal to introduce a single point of accountability (SPA) model, it should have explored this by way of proper formal engagement with stakeholders or as part of a public consultation. It has done neither. This oblique approach to what is a fundamental change means that the consultation is proceeding on a false basis.

Moreover, the very nature of this question underlines the GOC's "one-size-fits-all" approach, which is symptomatic of its failure – four years into the Education Strategic Review – to properly understand and take account of the fact that the system of education for dispensing opticians is significantly different to the system for optometrists.

To make the point clear, student optometrists generally gain their university degree before starting work in practice to carry out their "pre-registration training". By contrast, for nearly all student dispensing opticians, there is no separate period of pre-registration training – clinical experience is integrated with academic study already. These different approaches are reflected in the fact that there is one set of GOC competencies for student dispensing opticians, whereas for student optometrists there are two sets of competencies, one relating to the period of academic study and the other relating to the period of pre-registration training. For student dispensing opticians, there is also an integrated approach to assessment and clinical experience, with students studying for the ABDO Level 6 FBDO qualification being assessed by ABDO during, as well as at the end of, their course of study and ABDO being involved in setting and supporting the Pre-Qualification Period (PQP) from day one. In addition, the FBDO qualification is already Ofqual-regulated.

While there might be a need for optometry students to gain improved clinical experience, nearly all student dispensing opticians combine studying with working in practice from day one. They also have a choice of programmes, including weekly day release and distance learning combined with periods of block release. Furthermore, the GOC's own research found that more than 70 per cent of newly qualified dispensing opticians said they had received the right level of clinical experience during their education, compared with less than forty per cent of newly qualified optometrists.⁷

Given that clinical experience is already integrated with academic study for nearly all student dispensing opticians, the proposal to integrate "pre-registration training" within the approved qualification would not improve the system of education for dispensing opticians. On the contrary, it would result in education and qualification providers incurring unnecessary costs, which would have a detrimental impact on the quality of education.

Under the proposed new system, the GOC would only approve the qualification awarded by the SPA. The SPA would be able to work in partnership with other organisations, such as professional bodies, education providers and employers, but would be responsible for the quality of the education received by students. If ABDO were to become a SPA, working in partnership with education providers that provide dispensing programmes, it would need to invest significant extra resources in order to, for example, comply with Standard 4.1. This sets out the wide responsibilities of the SPA, providing that:

"The SPA is responsible for the award of the approved qualification, the assessment (measurement) of students' achievement of the outcomes leading to award of the approved qualification, and the approved qualification's development, delivery, management quality control and evaluation."

This would require ABDO to exert far more control over the education providers who deliver the syllabus by, for example, auditing the quality of teaching, notwithstanding the fact that they already have well-established management systems in place and are subject to regulation by the Quality Assurance Agency (QAA) or equivalent bodies.

7. See the GOC's research report "Perceptions of UK optical education" (June 2018):

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

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SECTION 3: PART A

1. Would you like to continue to Section 3 of this consultation and answer technical questions about our proposals? (Required)

Yes [Go to Section 4 \(Impact of our proposals\)](#)

1. Have you read the 'Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method' before answering these questions? (Required)

Yes

2. Do you agree or disagree with our proposal to replace our Quality Assurance Handbook for optometry and related policies with the proposed 'Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method?'

Strongly agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
Agree <input type="checkbox"/>	Strongly disagree <input checked="" type="checkbox"/>
Neither agree nor disagree <input type="checkbox"/>	Don't know <input type="checkbox"/>

Please explain your response

ABDO Answer

We understand that the GOC's proposals are designed to lead to improved clinical experience for student optometrists, with the thinking being that students would benefit from the current period of pre-registration training being integrated within a single approved qualification. However, reading the proposed standards for approved qualifications leads us to question whether the clinical experience received by students would be improved and therefore, whether the GOC's objective would be met.

According to Standard 3, criterion 3.14, "Professional and clinical experience will take place in one or more periods of time in more than one sector and more than one setting of practice."

Approved providers could meet this requirement by offering a range of clinical experience which is similar to that which is currently gained by most optometry students, i.e. experience in a university clinic, a placement in a community practice and a hospital placement. This makes the case for the proposed changes to the structure of educational delivery opaque to say the least.

In addition to the absence of a clear case for change, the proposals create the risk of lower and inconsistent standards of education. This risk arises for the following reasons:

- There is a lack of detail in the proposed outcomes for registration about the clinical skills and knowledge students will need to have on qualifying and joining the GOC register – these high-level outcomes are the same for both optometrists and dispensing opticians.

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- There is the prospect of multiple approved qualifications and in the absence of a common assessment framework, each provider would decide for themselves what is 'the right standard'. It is not clear, therefore, how the GOC will ensure that students reach the same baseline – beyond requiring providers to seek feedback from stakeholders, including patients and employers.
- The financial pressures faced by providers of education and qualifications, with no prospect of additional funding to enable investment in new programmes, enhances the risk of lower, inconsistent standards.

The GOC has also failed to demonstrate that the intended benefits of the proposed new system outweigh the costs. We note that the GOC's outline impact assessment does not include:

- any estimates of the costs associated with the proposed new system, including the costs of implementation;
- any explanation of who will bear these costs, whether this is patients, students, supervisors, education providers, employers, professional bodies or GOC registrants;
- any analysis of whether the costs will be outweighed by any benefits;
- any separate analysis of the impacts on the system of education for dispensing opticians as opposed to the system of education for optometrists; or
- any analysis of alternative options, including a 'no change option', so that the relative costs and benefits of the proposed new system can be assessed.

This information could and should have been gathered in advance of the consultation and published to consultees as part of the consultation. ABDO made this clear in a plea to the GOC in advance of the commencement of the consultation but that plea went unheard. Without this necessary information, respondents to the consultation, such as ABDO, are simply unable to provide a fully-informed response to the GOC's proposals. ABDO continue to consider that the omission of any proper impact assessment information renders the consultation process and any decisions that may be based on it, significantly unfair and potentially unlawful, and risks a decision being made by the GOC which is directly contrary to the interest of the registrants whom ABDO represents and the patients whom they serve.

3. Do you agree or disagree with our proposal to replace our Quality Assurance Handbook for dispensing optician qualifications and related policies with the proposed 'Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method?'

Strongly agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
Agree <input type="checkbox"/>	Strongly disagree <input checked="" type="checkbox"/>
Neither agree nor disagree <input type="checkbox"/>	Don't know <input type="checkbox"/>

Please explain your response

ABDO Answer

The GOC has not made the case for changing the system of education for dispensing opticians. Academic study and clinical experience is already integrated, which is reflected in the fact that there is a single set of competencies for

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dispensing opticians. Secondly, the GOC's own research shows a high level of satisfaction with the quality of the clinical experience which students receive currently.⁸ Thirdly, students already have significant choice: they can choose from a range of education providers; they can choose from a range of different modes of study, including part-time distance learning with 'block release' and part-time study with 'day release' and they have a choice of regulated qualifications – ABDO's FBDO qualification or the registrable qualification in ophthalmic dispensing offered by Anglia Ruskin University.

The current proposals would impose unnecessary costs on approved providers – both implementation costs and ongoing costs – for no apparent benefit, whereas the GOC could revise the current competencies without changing the structure of educational delivery.

Furthermore, the current proposals would create a significant risk of lower and inconsistent standards of education. Not only are they unnecessary, they are potentially damaging.

The risk of lower and inconsistent standards arises for the following reasons:

- There is a lack of detail in the proposed outcomes for registration about the clinical skills and knowledge students will need to have on qualifying and joining the GOC register – these high-level outcomes are the same for optometrists and dispensing opticians.
- There is the prospect of multiple approved qualifications and in the absence of a common assessment framework, each provider would decide for themselves what is 'the right standard'. It is not clear, therefore, how the GOC will ensure that students reach the same baseline – beyond requiring providers to seek feedback from stakeholders, including patients and employers.
- The financial pressures faced by providers of education and qualifications, with no prospect of additional funding to enable investment in new programmes, enhances the risk of lower, inconsistent standards.

We repeat what we have said above: the GOC has also failed to demonstrate that the intended benefits of the proposed new system outweigh the costs. We note that the GOC's outline impact assessment does not include:

- any estimates of the costs associated with the proposed new system, including implementation costs;
- any explanation of who will bear these costs, whether this is patients, students, supervisors, education providers, employers, professional bodies or GOC registrants;
- any analysis of whether the costs will be outweighed by any benefits;
- any separate analysis of the impacts on the system of education for dispensing opticians as opposed to the system of education for optometrists; or
- any analysis of alternative options, including a 'no change option', so that the relative costs and benefits of the proposed new system can be assessed.

This information could and should have been gathered in advance of the consultation and published to consultees as part of the consultation. ABDO made this clear in a plea to the GOC in advance of the commencement of the consultation, but that plea went unheard. Without this necessary information, respondents to the consultation, such as ABDO, are simply unable to provide a fully-informed response to the GOC's proposals. ABDO continue to consider that the omission of any proper impact assessment information renders the consultation process and any decisions that may be based on it, significantly unfair and potentially unlawful, and risks a decision being made by the GOC which is directly contrary to the interest of the registrants whom ABDO represents and the patients whom they serve.

8. See the GOC's research report "Perceptions of UK optical education" (June 2018):

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

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

SECTION 3: PART B - STANDARD 1

Now we would like to ask you some questions about each Standard for Approved Qualifications. There are five Standards in total.

Standard 1 - Public and Patient Safety

Standard 1 states, 'Approved qualifications must be delivered in a context which ensures public and patient safety' and includes four criteria which must be met if qualification is to be approved by us.' We want to ask you some questions about criteria S1.1, S1.2 and S1.4, and about the standard as a whole.

- 1. Please consider criterion S1.1 'There must be policies and systems in place to ensure students understand and adhere to GOC's Standards for Optical Students and Standards of Practice.' Do you agree or disagree that both the GOC's Standards for Optical Students and Standards of Practice should be included in this criterion?** (Required)

Agree – it should be both the GOC's Standards for Optical Students and Standards of Practice	<input checked="" type="checkbox"/>
Disagree – it should be the GOC's Standards for Optical Students only	<input type="checkbox"/>
Don't know/ Not sure	<input type="checkbox"/>

- 2. Please consider S1.2 – 'Concerns about a student's fitness to train must be investigated and where necessary, action taken and reported to GOC. (The GOC acceptance criteria and related guidance in Annex A should be used as a guide as to when a fitness to train matter should be reported to GOC.)' What impact, if any, will this criteria and the guidance in Annex A have on student's continuing fitness to train?** (Required)

Very positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>
Positive impact <input type="checkbox"/>	Very negative impact <input type="checkbox"/>
No impact <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>

Please explain your answer. Please consider what potential improvements or barriers of using the GOC acceptance criteria and related guidance in Annex A to the standards as a guide as to when a fitness to train matter should be reported to GOC could create.

ABDO Answer

The guidance provided in Annex A of the proposed standards is helpful, but we would also like to see guidance which covers issues that arise in practice or on clinical placements and considers the respective responsibilities of students and supervisors.

We appreciate, however, that it might not be feasible for guidance to cater for all eventualities and so would welcome the opportunity to discuss potential scenarios with the GOC and other stakeholders with a view to promoting a consistent approach that is in the interests of patients and the wider public.

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

In relation to the wording of criterion 2.1, it should not necessarily be the direct responsibility of the single point of accountability (SPA) to “investigate” concerns about a student’s fitness to train. It could be more appropriate or practicable for the investigation to be carried out by a partner organisation so the responsibility of the SPA should simply be to ensure that any concerns are investigated properly and that appropriate action is taken as a result.

3. The GOC is unique amongst healthcare regulators in registering students, and whilst we may consult on whether we should continue to register students at a later date, we anticipate continuing to register students for the time being. Please consider criterion S1.4 ‘Students on admission and at regular intervals thereafter must be informed it is an offence not to be registered as a student with the GOC at all times whilst studying on a programme leading to an approved qualification in optometry or dispensing optician.’ What impact, if any, will this criterion have upon providers and their students studying approved qualifications for optometry and dispensing opticians? (Required)

Very positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>
Positive impact <input type="checkbox"/>	Very negative impact <input type="checkbox"/>
No impact <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>

Please explain your answer. Please consider what potential improvements or barriers this criterion could create for providers of approved qualifications and their students.

ABDO Answer

This would not represent a change from current practice and, therefore, the impact would be neutral.

We support student registration as it brings about an early sense of professionalism and the GOC’s standards for students provide a foretaste of the standards of practice that students will need to observe when they qualify.

In particular, the standards for students promote a sense of personal responsibility and the need to understand and work within the limits of their scope of practice/competency, as well as the fact that adequate supervision is essential for both student practitioners and public safety.

4. Looking at the proposed standard 1 and supporting criteria, are our expectations clear and proportionate in your / your organisation’s view? (Required)

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
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ABDO Answer

Criterion S1.3 is not proportionate in that the responsibility placed on the single point of accountability (SPA) is too broad. We agree that, “Students must not put patients, service-users or the public at risk.” We also agree that the SPA should require teaching staff, assessors, supervisors and employers to ensure that students are appropriately supervised, practice safely and only undertake activity within the limits of their competence. However, it is not reasonable to require the SPA to require anyone who, “works with students” to fulfil the same responsibility. It would not be within the power of the SPA to, for example, influence the behaviour of an optical assistant working in a practice where a student was gaining clinical experience. This responsibility should fall instead to the relevant employer.

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

STANDARD 2 - ADMISSION OF STUDENTS

Standard 2 states, 'Recruitment, selection and admission of students must be transparent, fair and appropriate for admission to a programme leading to registration as an optometrist or dispensing optician.' We want to ask you some questions about criterion S2.1 and about the standard as a whole.

Please consider S2.1 – 'Selection and admission criteria must be appropriate for entry to an approved qualification leading to registration as an optometrist or dispensing optician, including relevant health, character and fitness to train checks, and for overseas students, evidence of proficiency in the English language of at least Level 7 overall (with no individual section lower than 6.5) on the International English Language Testing System (IELTS) scale or equivalent.'

- 1. Our research has shown that all UK healthcare regulators have a English language requirement for overseas students applying to for admission to programmes in the UK that they approve. What potential improvements or barriers, if any, might this criterion create for providers of approved qualifications and their students?**

ABDO Answer

We support the introduction of an English language requirement for overseas students applying for admission to UK programmes. This would ensure a minimum standard of proficiency and help to avoid communication barriers.

- 2. Looking at the proposed Standard 2 and supporting criteria, are our expectations clear and proportionate in your/your organisation's view?** (Required)

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>
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STANDARD 3 - ASSESSMENT OF OUTCOMES AND CURRICULUM DESIGN

Standard 3 states, 'The approved qualification must be supported by an integrated curriculum and assessment strategy that ensures students who are awarded the approved qualification meet all the outcomes at the required level (Miller's triangle; knows, knows how, show how and does).'

We want to ask you some questions about criterion S3.11 and S3.18 and about the standard as a whole.

Please consider criterion S3.11 – 'The approved qualification must be listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland and the Framework for Qualifications of Higher Education Institutions in Scotland), or a qualification regulated by Qfqual, SQA or Qualifications Wales.' This is a new requirement that is not currently included in our Quality Assurance Handbooks.

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

1. We think it's important that we specify that the qualifications we approve must either be a regulated qualification or an academic award listed on one of the national frameworks for higher education qualifications, to ensure that approved qualifications sit within an external quality controlled and regulated academic framework. What impact, if any, will this criterion have for providers of approved qualifications and their students? (Required)

Very positive impact <input type="checkbox"/>	Negative impact <input checked="" type="checkbox"/>
Positive impact <input type="checkbox"/>	Very negative impact <input type="checkbox"/>
No impact <input type="checkbox"/>	Don't know <input type="checkbox"/>

Please explain your answer. Please consider what potential improvements or barriers this criterion could create for providers of approved qualifications and their students.

ABDO Answer

We note the GOC's rationale for requiring that approved qualifications must be either a regulated qualification or an academic award listed on one of the national frameworks for higher education qualifications is to ensure that approved qualifications sit within an external quality controlled and regulated academic framework. ABDO's FBDO Level 6 Diploma in Ophthalmic Dispensing is already regulated by Ofqual, so the impact of this criterion would be neutral provided that the GOC does not duplicate the quality assurance requirements of Ofqual and the QAA. We do not have confidence that this will be case, however, as the GOC does not appear to have reviewed the proposed standards for approved qualifications and the proposed quality assurance method to ensure that they complement rather than overlap with Ofqual's and the QAA's requirements.

In addition, the GOC acknowledge that a number of the requirements in the proposed standards are additional to those contained in the existing quality assurance handbooks. We are concerned, therefore, that there will be an increased burden on approved providers.

2. Please consider criterion S3.18 – 'Equality and diversity data and its analysis must inform curriculum design, delivery and assessment of the approved qualification. This analysis must include students' progression by protected characteristic. In addition, the principles of equality, diversity and inclusion must be embedded in curriculum design and assessment and used to enhance student's experience of studying on a programme leading to an approved qualification.' This is a new requirement not currently included in our Quality Assurance Handbooks and builds on the intention explored in previous consultations for a greater emphasis on evidencing a commitment to equality, diversity and inclusion by providers of approved qualifications. What impact, if any, will this criterion have upon providers of approved qualifications and their students? (Required)

Very positive impact <input type="checkbox"/>	Negative impact <input checked="" type="checkbox"/>
Positive impact <input type="checkbox"/>	Very negative impact <input type="checkbox"/>
No impact <input type="checkbox"/>	Don't know <input type="checkbox"/>

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

Please explain your answer. Please consider what potential improvements or barriers this criterion could create for providers of approved qualifications and their students.

ABDO Answer

We support the need for approved providers to show their commitment to equality, diversity and inclusion. However, we question whether it would be practicable to analyse student progression by protected characteristic without identifying individual students. This is likely to be particularly problematic for programmes with small numbers of students. We suggest, therefore, that the requirement to analyse student progression should be subject to the caveat that this should be conditional on obtaining the consent of students for their data to be used in this way and there being sufficient students to enable the analysis to be carried out without identifying individuals with particular protected characteristics.

SECTION 3: PART D (ii) - STANDARD 3

*Standard 3 describes our expectations around assessment strategy, choice and design of assessment items, standard setting and quality control, and **includes the 'common assessment framework.'** Standard 3 **includes several new requirements not currently included in our Quality Assurance Handbooks.***

- Approved qualifications must have a clear assessment strategy for the award of an approved qualification (criterion S3.1). This strategy must describe how the outcomes will be assessed, how assessment will measure student's achievement of outcomes at the required level (Miller's triangle) and how this leads to an award of an approved qualification.
- An approved qualification must be taught and assessed in a progressive and integrated manner so that the component parts, including academic study and clinical experience and professional experience are linked into a cohesive programme of (using Harden's model of a spiral curriculum), introducing, progressing and assessing knowledge, skills and behaviour until the outcomes are achieved (criterion S3.2).
- Curriculum design, delivery and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, placement providers, members of the optometry team and other healthcare professionals (criterion S3.4).
- The outcomes must be assessed using a range of methods and all final, summative assessments must be passed. This means that compensation, trailing and extended re-sit opportunities within and between modules where outcomes are assessed is not generally permitted (criterion S3.5).
- All assessment (including lowest pass) criteria must be explicit including an appropriate and tested standard-setting process and at the level necessary for safe and effective practice (criterion S3.7).

Standard 3 is supported by requirements around quality control of assessments included in the next standard, Standard 4. The remaining criteria within Standard 3 specify matters to do with the validity and reliability of assessments, reasonable adjustments, recording student's achievement of the outcomes and a requirement for regular and timely feedback to students on their performance.

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

1. Please consider the criteria which support Standard 3. What impact, if any, will they have upon the measurement of student's achievement of the outcomes leading to the award of the approved qualification on providers of approved qualifications and their students? (Required)

Very positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>
Positive impact <input type="checkbox"/>	Very negative impact <input checked="" type="checkbox"/>
No impact <input type="checkbox"/>	Don't know <input type="checkbox"/>

Please explain your answer. Please consider what potential improvements or barriers the criteria in Standard 3 could create for providers of approved qualifications and their students.

ABDO Answer

The criteria which support Standard 3 would have a very detrimental impact on the measurement of students' achievement of the outcomes for registration.

Our main objection is that notwithstanding the GOC's assertion that Standard 3, "includes the common assessment framework", it does not, in fact, do so. We also have specific concerns about some of the criteria that we will go on to explain.

Absence of common assessment framework

The GOC defined the common assessment framework as a standardised framework that:

"gives an assurance that people will reach the same level, but gives room for flexibility to decide which elements to assess, when and how to ensure that the individual reaches the baseline for a 'safe beginner'." ⁹

This led us to believe that the common assessment framework would help to offset the risk of inconsistent and lower standards in the event that there are different routes to registration. However, requiring each provider of a qualification to meet particular standards in relation to assessment will not provide assurance that all students will reach the same baseline on entry to the profession. For example, Standard 3.7 in the proposed standards for approved qualifications provides that:

"Assessment (including lowest pass) criteria must be explicit and set at the right standard, using an appropriate and tested standard-setting process."

It is left entirely unclear, therefore, who will decide what this "right standard" is. If it is left to the discretion of the provider of the approved qualification it seems inevitable that there will be significant variations between different approved qualifications. This is not in the interests of students, patients, the general public, employers or commissioners.

9. See the GOC's "Response to the Education Strategic Review (ESR) Consultation on draft Education Standards for providers and Learning Outcomes for students" (published September 2019), which is available on the GOC website: https://www.optical.org/filemanager/root/site_assets/education/education_strategic_review/consultations/1908_-_esr_consultation_response_report.pdf

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

Furthermore, Standard 3.6 provides that:

“Assessment (including lowest pass) criteria, choice and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must ensure safe and effective practice and be appropriate for a qualification leading to registration as an optometrist or dispensing optician.”

Again, this will not ensure a consistent baseline for entry to the professions because the lack of detail about clinical skills and knowledge in the proposed outcomes for registration means that what is considered to be “safe and effective practice” and “appropriate for a qualification leading to registration as an optometrist or dispensing optician” is very likely to vary between approved qualifications.

In order to address this issue, we suggest the following improvements. First, the GOC should work with stakeholders to develop standards of proficiency that would define in detail the clinical skills and knowledge required of newly-qualified practitioners in order to practise safely and effectively. See our answer to question 4 above for more details.

Secondly, the GOC should revise the proposed standards to provide more flexibility about the structure of educational delivery and assessment: the proposed standards are unduly prescriptive in requiring there to be a single point of accountability for each route of registration and the GOC should be more focused on the outcomes which need to be achieved.

A more flexible approach would enable ABDO and other professional bodies to continue to provide the professional examinations that ensure consistent, high standards of attainment by students from a range of different education providers. And the fact that ABDO's Level 6 FBDO qualification is already a qualification regulated by Ofqual would provide further assurance of high quality education.

Under this more flexible approach, it would still be possible (although not mandatory) for education providers to act as a single point of accountability, although there ought still to be some form of independent, external assessment to ensure consistent, high standards. However, clear guidance about the required clinical knowledge and skills, coupled with the ability for professional bodies to continue to offer professional examinations, would offset significantly the risk of lower and inconsistent standards.

Additional comments on the criteria

Criterion 3.3

The key priority should be to ensure students gain experience of working with patients with a range of different needs. It is unduly prescriptive to require that approved providers, “must provide...preparation for entry into the workplace in a variety of settings (real and simulated) such as professional, clinical, practice, community, manufacturing, research, domiciliary and hospital settings”.

In addition, we do not recognise all these descriptions and the distinct types of settings which they are presumably supposed to represent. For example, we are unclear what is a “professional” setting and how this might differ from a “practice” or “community” setting. The GOC should, in any event, ensure that the settings referred to are distinct and recognisable.

In our view, the GOC should focus on ensuring that students gain a wide range of patient experience rather than being prescriptive about where this experience is gained. This would not only be in keeping with the GOC's intention to adopt an outcomes based approach, but would reflect the fact that students will increasingly be able to gain exposure in community practice to the type of patients that they would previously have seen only in a hospital setting, such as patients with minor eye conditions, glaucoma patients and cataract patients requiring post-operative care.

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

Criterion 3.4

Presumably the GOC also believes that curriculum design, delivery and the assessment of outcomes must involve and be informed by feedback from dispensing opticians as well as “members of the optometry team”? This is symptomatic of the GOC’s ongoing failure to recognise and take into account the fact the systems of education for optometrists and dispensing opticians are markedly different and, therefore, a “one-size-fits-all” approach is not appropriate.

Criterion 3.5

We support the need for all outcomes to be assessed using a range of methods and for all final, summative assessments to be passed. However, this objective would be potentially undermined by saying that, “compensation, trailing and extended re-sit opportunities within and between modules..is not generally permitted”. This criterion provides too much flexibility and should be tightened up to reduce the risk of lower and inconsistent standards.

Criterion 3.7

We have made the point above that what constitute assessment criteria at the level necessary for safe and effective practice would be entirely subjective and using, “an appropriate and tested standard-setting process” would provide no guarantee that standards will be consistent across different qualifications.

The GOC should also make clear that, “assessments which might occur during professional or clinical placements, in the workplace or during inter-professional learning”, should be conducted by independent assessors as opposed to work place colleagues who are likely to have conflicting incentives.

Criterion 3.12

Criterion 3.12 duplicates criteria 3.2 and 3.3 and should be deleted.

Criterion 3.13

Criterion 3.13 duplicates criteria 3.2 and 3.3 and should be deleted. A further point in relation to this criterion is that the “strengths and opportunities of the single point of accountability (SPA)” are not obvious and would need to be defined in order for this criterion to carry any meaning.

Criterion 3.14

We support the proposed requirement that there should be, “at least 1600 hours/48 weeks of patient-facing professional and clinical experience.” However, the requirement should be strengthened by making clear that this experience should be with real rather than simulated patients.

We do not support the requirement to require professional and clinical experience to take place in more than one setting and more than one sector, particularly as it is not clear what is meant by a “sector”. As we have said above, the GOC should focus on ensuring that students gain a wide range of patient experience rather than being prescriptive about where this experience is gained. This would not only be in keeping with the GOC’s intention to adopt an outcomes-based approach, but would reflect the fact that students will increasingly be able to gain exposure in community practice to the type of patients that they would previously have seen only in a hospital setting, such as patients with minor eye conditions, glaucoma patients and cataract patients requiring post-operative care.

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

Criterion 3.16

We do not support the requirement to gain feedback on, “the choice of outcomes to be taught and assessed during professional and clinical experience and the choice and design of assessment items.” There is already a requirement in criterion 3.4 to gain feedback on, “curriculum design, delivery and the assessment of outcomes.” Therefore, criterion 3.16 is unnecessary and should be removed.

Criterion 3.17

We agree that, “assessment...of outcomes during professional and clinical experience must be carried out by an appropriately trained and qualified GOC Registrant”. However, such assessment should be restricted to GOC registrants who are independent of the student in question, i.e. they should not be work colleagues or employed by the same company.

We do not support the proposal that assessment that could also be carried out by another, “statutorily registered healthcare professional who is competent to supervise and measure student’s achievement of outcomes at the required level”. This is because another such healthcare professional would not necessarily have sufficient understanding of the scope of practice of a dispensing optician or optometrist, and the required level of proficiency.

Criterion 3.18

We support the need for approved providers to show their commitment to equality, diversity and inclusion. However, we question whether it would be practicable to analyse student progression by protected characteristic without identifying individual students. This is likely to be particularly problematic for programmes with small numbers of students. We suggest, therefore, that the requirement to analyse student progression should be subject to the caveat that this should be conditional on obtaining the consent of students for their data to be used in this way and there being sufficient students to enable the analysis to be carried out without identifying individuals with particular protected characteristics.

SECTION 3: PART E - STANDARD 4

Standard 4 – Management, Monitoring and Review of Approved Qualifications.

Standard 4 states, ‘Approved qualifications must be managed, monitored, reviewed and evaluated in a systematic and developmental way, through transparent processes which show who is responsible for what at each stage.’ We want to ask you some questions about criterion S4.1, S4.2, S4.3, S4.4 and S4.5 and about the standard as a whole.

Standard 4 uses the term ‘Single Point of Accountability (or SPA for short) to describe a provider of a GOC approved qualification. The criteria within standard 4 (criterion S4.1- S4.5) specifies that a SPA must:

- be legally incorporated (criterion S4.3)
- have the authority and capability to award the approved qualification (which must be either a regulated qualification (by Qfqual, SQA or Qualifications Wales) or an academic award listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies) (criterion S4.1)
- have a named contact who will be the primary contact for the GOC (criterion S4.5)

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

This is a significant enhancement upon our current Quality Assurance Handbook requirements. Our proposal is that providers of approved qualifications (SPAs) must be legally incorporated and hold the authority to award either a regulated qualification or an academic award listed on one of the national frameworks for

1. Please consider the criteria which support this standard. What impact, if any, will these criteria have for providers of approved qualifications and their students?

Higher education qualifications for UK degree-awarding bodies. (Required)

Very positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>
Positive impact <input type="checkbox"/>	Very negative impact <input checked="" type="checkbox"/>
No impact <input type="checkbox"/>	Don't know <input type="checkbox"/>

Please explain your answer. Please consider what potential improvements or barriers the criteria in Standard 4 could create for providers of approved qualifications and their students.

ABDO Answer

The GOC states that its, "proposal is that providers of approved qualifications (SPAs) must be legally incorporated and hold the authority to award either a regulated qualification or an academic award listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies."

The GOC also asserts that, "this is a significant enhancement upon our current Quality Assurance Handbook requirements." The implication of this statement is that these requirements would strengthen the regulatory framework and improve the quality of education. It remains entirely opaque what evidential basis the GOC has for making such a claim. There has not been any proper stakeholder engagement or public consultation about the adoption of an SPA and making unsupported claims for enhancement of quality assurance is simply misleading.

Moreover, the GOC's approach betrays a startling lack of understanding of the system of education as it currently exists for dispensing opticians, in particular:

- ABDO is already legally incorporated.
- The FBDO qualification which ABDO provides is already a regulated qualification in that it is regulated by Ofqual.
- There is a single set of competencies for the whole route to registration for student dispensing opticians.
- Nearly all students benefit already from the integration of clinical experience with academic study.
- The FBDO qualification is already managed and reviewed through close collaboration with the relevant education providers.

It is not at all clear to us, therefore, why it is necessary to impose the SPA model on the system of education for dispensing opticians, the rationale for which has never been explained and the evidential basis for such a significant structural change has never been disclosed.

Although the proposed standards for providers of approved qualification assume that it is necessary to introduce the SPA model, this issue has never been explored in any previous public consultation. The GOC should undoubtedly have carried out such a consultation before seeking to make such a fundamental change to the structure of educational delivery.

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

We are concerned that by proceeding with this change, the GOC would be imposing unnecessary and costly burdens on providers of education and qualifications without any obvious benefit. In particular, criterion 4.1 would require the SPA to be responsible not only for assessment, award and evaluation of the approved qualification, but for the qualification's delivery and management quality control. This would mean duplication of the internal and external mechanisms which education providers have in place already.

Additional comments on the criteria

Without a better understanding of how the SPA model might work in practice, it is difficult to comment on whether the proposed criteria would create barriers for approved providers or result in improvements. However, we have provided some comments below on what we envisage would be the implications of ABDO becoming an SPA:

Criteria 4.6

ABDO already works effectively with education providers who deliver the FBDO qualification and would be required to formalise these long-standing, collaborative arrangements in legal agreements that would then need to be reviewed regularly.

Criterion 4.8

Given the additional responsibility for overseeing the quality of teaching, ABDO would need to employ additional external moderators.

Criterion 4.9

The requirement, "to have policies and systems in place to ensure the supervision of students during periods of professional and clinical experience safeguards patients and service users" is unduly burdensome as it duplicates the requirement in criterion 4.7 to ensure appropriate supervision.

Criterion 4.10

This criterion requires that, "There must be policies and systems in place for the selection, appointment, support and training for all who carry responsibility for supervising students." This does not reflect the fact that as a general rule, student dispensing opticians will already be working in practice, with their employers having decided to recruit them only after identifying suitable supervisors. It should not be the responsibility of the SPA, therefore, to select and appoint supervisors.

Criterion 4.13

Requiring the SPA to have an effective mechanism to identify risks to the quality of the delivery of the approved qualification is unnecessarily burdensome. Education providers will already have risk management processes in place and the SPA should be able to draw on this analysis rather than identifying risks independently.

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

SECTION 3: PART F - STANDARD 5

Standard 5 – Leadership, Resources and Capacity

Standard 5 states, 'Leadership, resources and capacity must be sufficient to ensure the outcomes are delivered and assessed to meet these standards in an academic, professional and clinical context.' We want to ask you some questions about criterion S5.1, S5.2, S5.3, S5.4 and S5.5 and about the standard as a whole.

Please consider criterion S5.1, S5.2, S5.3, S5.4 and S5.5. We have specified a range of appropriately qualified and experienced people required to teach and assess the outcomes, including supervision. The Expert Advisory Groups, after very careful consideration, decided not to retain the highly specific numerical resourcing requirements contained within the current Quality Assurance Handbooks. Instead, the emphasis is on the provider of the approved qualification to evidence they have a sufficient and appropriate level of ongoing resource to deliver the outcomes to meet the standards, including human and physical resources that are fit for purpose, an appropriately qualified and experienced programme leader who is supported to succeed in their role; and a Staff to Student Ratio (SSR) which is benchmarked to comparable provision.

1. Please consider the criteria which support Standard 5. What impact, if any, will they have for providers of approved qualifications and their students? (Required)

Very positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>
Positive impact <input type="checkbox"/>	Very negative impact <input type="checkbox"/>
No impact <input checked="" type="checkbox"/>	Don't know <input type="checkbox"/>

Please explain your answer, thinking about what potential improvements or barriers the criteria in Standard 5 could create for providers of approved qualifications and their students.

ABDO Answer

The requirements of Standard 5 broadly mirror the current requirements in relation to leadership, resources and capacity.

SECTION 3: PART G (i) - QUALITY ASSURANCE AND ENHANCEMENT METHOD

We would like to ask you some questions about our proposed Quality Assurance and Enhancement Method.

What are we proposing to change?

Our current Quality Assurance Handbook for dispensing optician qualifications was published in 2011 and contains education policies and guidance for the quality assurance and approval of qualifications for dispensing optician qualifications. Our current Quality Assurance Handbook for optometry qualifications was published in 2015 and similarly, contains education policies and guidance for the quality assurance and approval of qualifications for optometry qualifications, albeit more up to date than those listed in the older Quality Assurance Handbook for dispensing optician qualifications.

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

Our proposal - Quality Assurance and Enhancement Method

We propose to update our Quality Assurance Handbook policies and guidance for the quality assurance and approval of qualifications for dispensing opticians and optometrists with the proposed 'Quality Assurance and Enhancement Method' (along with the 'Outcomes for Registration' and 'Standards for Approved Qualifications').

The proposed 'Quality Assurance and Enhancement Method' describes how we propose to gather evidence to decide whether qualifications leading to registration as either a dispensing optician or an optometrist meet our 'Outcomes for Registration' and 'Standards for Approved Qualifications,' in accordance with the Opticians Act.

Together, we will use the proposed 'Quality Assurance and Enhancement Method,' along with the 'Outcomes for Registration' and 'Standards for Approved Qualifications' to decide whether to approve a qualification leading to registration as a dispensing optician or an optometrist.

We propose to strengthen our current approval and quality assurance (A&QA) process (as described in our two Quality Assurance Handbooks) to support our outcomes orientated approach. Our proposal moves away from seeking assurance that our requirements are met by measuring inputs to an emphasis on evidencing outcomes, establishing a framework for gathering and assessing evidence to inform a decision as to whether to approve a qualification. Our proposal sets out four methods of assurance and enhancement which together will provide evidence as to whether a qualification meets our outcomes and standards;

- Periodic review (of SPAs and approved qualifications)
- Annual return (of SPAs and approved qualifications)
- Thematic review (of standards).
- Sample-based review (of outcomes).

In addition, the framework describes our proposed multi-stage method for a risk-based consideration of applications for approval of new qualifications, as well as our process for managing serious concerns and the type and range of evidence we might consider to support this process.

1. What impact, if any, will the proposed quality assurance and enhancement framework of annual, thematic, sample-based and periodic reviews have for providers of approved qualifications and their students? (Required)

Very positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>
Positive impact <input type="checkbox"/>	Very negative impact <input checked="" type="checkbox"/>
No impact <input type="checkbox"/>	Don't know <input type="checkbox"/>

Please explain your answer. Please consider what potential improvements or barriers the proposed quality assurance and enhancement framework could create?

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

ABDO Answer

We support the GOC's aspiration to move to a more outcomes-based approach to quality assurance. However, there are significant barriers to the successful introduction of this new approach for the GOC.

As we have highlighted, the GOC's proposals create the risk of lower and inconsistent standards of education. There are three reasons for this:

- high-level outcomes for registration that do not provide any detail about the clinical skills and knowledge required on qualifying and joining the GOC register;
- the absence of a common assessment framework, which means that qualification providers would have wide discretion as to the right standard of attainment; and
- the funding and commercial pressures faced by providers of education and qualifications, with no prospect of additional funding to implement changes to existing programmes.

The risk of lower and inconsistent standards inherent in the GOC's proposals would make it extremely difficult for visitor panels to ensure consistency, with the result that the quality assurance framework would be placed under intense strain and would become potentially unworkable.

On examining the GOC's proposed quality assurance and enhancement framework, this risk becomes clear. In the proposed quality assurance and enhancement framework, the GOC state that:

"Quality assurance evidences that qualifications delivered by a single point of accountability (SPA) meet our minimum requirements for 'adequate knowledge and skill' (Section 12(7)(a) OA). These minimum requirements are described in accordance with the Opticians Act 1989 in our document 'Outcomes for Registration.'"

However, as we explained above, the proposed outcomes for registration do not, in fact, set out minimum requirements for adequate knowledge and skill as a result of the lack of detail about the clinical knowledge and skills required of students in order to join the GOC register. For this reason, we have proposed the development of separate standards of proficiency for dispensing opticians and optometrists.

We note as well that the GOC aspires to go further than quality assurance by introducing a quality enhancement process. According to the GOC:

"A quality enhancement process goes further than establishing that minimum standards are met. Enhancement helps us demonstrate we are meeting our statutory obligation to understand both the 'nature' and the 'sufficiency' of instruction provided and in the assessment of students, and provides an opportunity to foster innovation, enhance the quality and responsiveness of provision to meet the needs of patients, public and service users, as well as share good practice."

However, a necessary pre-condition of being able to enhance the quality of education is clarity about the required minimum standards and as we have explained, this clarity is not provided by the GOC's proposals.

We also question the wisdom of introducing a new and substantially different approach to quality assurance at the same time as seeking to make fundamental changes to the structure of education delivery and assessment. This further increases the risk attached to the GOC's proposals.

The GOC should revise the proposed outcomes and standards in the manner in which we have described earlier in our consultation response in order for the system of quality assurance to be workable and before seeking to introduce such a new and different approach to quality assurance.

SECTION 3: PART G (ii) - QUALITY ASSURANCE AND ENHANCEMENT METHOD TIMESCALE

We would like to ask you about the impact of the timescale outlined in the proposed Quality Assurance and Enhancement Method.

First, we are proposing that all new qualifications (that is, qualifications not currently approved or provisionally approved by us) applying for GOC approval at or after 1st March 2021 will be expected to meet the 'Outcomes for Registration' and 'Standards for Approved Qualifications.' This means that new qualifications applying to us for approval before 1st March 2021 must meet our current requirements as set out in our Quality Assurance Handbooks.

Second, for providers of currently approved qualifications we are proposing that the requirements contained in the current Quality Assurance Handbooks will apply to all existing GOC approved qualifications during the teach out or migration phase, although the expectation is that students on existing programmes should benefit from new teaching, assessment, interprofessional learning (IPL), work-based learning (WBL), experiential learning and placement opportunities if it is feasible to do so.

Third, we propose that providers of currently approved qualifications have three options to choose from;

- a. To 'teach out' existing programmes to a timescale approved by us, alongside developing, seeking approval for and recruiting to a 'new' approved qualification.
- b. Develop and seek approval to adapt an existing approved qualification to a timescale approved by us.
- c. Choose to 'teach out' existing programmes to a timescale approved by us and partner with another organisation or institution to develop, seek approval for and recruit to a 'new' approved qualification.

Fourth, we will work with each provider of existing GOC approved qualifications to agree a timescale for the migration/ recruitment of students into new approved qualifications and when recruitment of new students to currently approved qualifications for dispensing opticians or optometry will cease. The aim is that providers of 'new' or 'adapted' approved qualifications will choose from which academic year they might begin recruiting students, from the 2022/23 academic year onwards.

1. What impact, if any, could the proposed timescale have on the ability of providers to develop, seek approval for and recruit to a 'new' or 'adapted' approved qualification that meets the outcomes & standards in your/your organisation's view? (Required)

Very positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>
Positive impact <input type="checkbox"/>	Very negative impact <input type="checkbox"/>
No impact <input type="checkbox"/>	Don't know <input checked="" type="checkbox"/>

Please explain your answer. Please consider, thinking about what potential improvements or barriers the proposed timescale has for providers in developing, seeking approval for and recruiting to a 'new' or 'adapted' approved qualification could create?

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

ABDO Answer

At this stage, we have insufficient information to be able to comment on the timescale with any certainty. In order to do so, we would need a more detailed understanding of the role of the 'single point of accountability' and would need to know how long the GOC will take to approve new qualifications and the adaptation of existing qualifications.

The GOC should also bear in mind that most academics will require 12 months to write new material once a new syllabus has been finalised so this will have an important bearing on the implementation timetable.

In addition, if the GOC decides to support the development of additional standards of proficiency, the need for these to be written and agreed will also affect the timetable for implementation by qualification providers.

SECTION 4 - IMPACT OF OUR PROPOSALS

We would like to ask everyone the following questions on impact of our proposals.

1. We want to understand whether our proposals may discriminate against or unintentionally disadvantage any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. Do you think our proposals will have a negative impact on certain individuals or groups who share any of the protected characteristics listed below? (Please select all that apply)

Age	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>
Marriage and civil partnership	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>
Race	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>
Sex	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>
None of the above	<input checked="" type="checkbox"/>
Don't know	<input type="checkbox"/>

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

2. We also want to understand whether our proposals may benefit any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. Do you think our proposals will have a positive impact on any individuals or groups who share any of the protected characteristics listed below? (Please select all that apply)

Age	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>
Marriage and civil partnership	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>
Race	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>
Sex	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>
None of the above	<input checked="" type="checkbox"/>
Don't know	<input type="checkbox"/>

3. Please describe the impact on the individuals or groups that you have ticked in questions 1 & 2. (Please answer)

ABDO Answer

Not applicable

4. Do you think any of the proposed changes will impact – positively or negatively – on any other individuals or groups? For example, students, patients and the public, current providers of approved qualifications, placement providers, employers and devolved nations? (Required)

Very positive impact <input type="checkbox"/>	Negative impact <input type="checkbox"/>
Positive impact <input type="checkbox"/>	Very negative impact <input checked="" type="checkbox"/>
No impact <input type="checkbox"/>	Don't know <input type="checkbox"/>

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

5. Please describe the impact and the individuals or groups concerned. We are particularly keen to understand further any financial or other impacts we haven't considered in our accompanying impact assessment. (Please answer)

ABDO Answer

We are concerned that respondents to the consultation will be unable to make an informed response to the consultation because the GOC's outline impact assessment is entirely inadequate. In particular, the GOC's proposals do not include:

- any estimates of the costs associated with operating the proposed new system, including implementation costs;
- any explanation of who will bear these various costs, whether this is patients, students, supervisors, education providers, employers, professional bodies or GOC registrants;
- any analysis of whether the costs will be outweighed by any benefits;
- any separate analysis of the impacts on the system of education for dispensing opticians as opposed to the system of education for optometrists; or
- any analysis of alternative options, including a 'no change option', so that the relative costs and benefits of the proposed new system can be assessed.

This approach is contrary to the Government's Code of Practice on Consultation, which the GOC says in its Consultation Framework it will follow.¹⁰ It is also contrary to the approach which the GOC has taken when consulting on other major changes to the regulatory system, such as the reform of business regulation.¹¹

The GOC has also failed to provide any assurance that there will be funding available to enable its proposed changes to be implemented effectively. There is an implicit acceptance that extra funding will be required in that the 'outline impact assessment' refers to a GOC report which:

"...described the funding landscape for undergraduate optometry and dispensing optician programmes and GOC approved qualifications and began to map potential sources of additional, increased or reallocated funding to support SPA's implementation of the new, integrated qualifications."

This report does not provide any guarantee, however, that additional funding will actually be available.

The absence of any information about costs and the absence of any guarantee that additional funding will be available is particularly significant given that the costs of implementing and running the new system will need to be spread across a relatively small number of students. For example, around 250 dispensing opticians gain the FBDO qualification and join the GOC register each year. A much higher number of students enter other healthcare professions. For example, 20,000 UK nurses joined the NMC's register for the first time in the last year.

The GOC should have gathered all relevant information necessary to produce an appropriate draft impact assessment in advance of publishing the consultation rather than simply speculating about the likely impacts. This draft impact assessment could then have been finalised in the light of the comments received during the consultation. We note that the GOC has not given any explanation as to why such a draft impact assessment could not have been produced in advance of the public consultation period.

10. The "Consultation Framework" is available on the GOC website: <https://www.optical.org/en/get-involved/consultations/how-we-consult.cfm>

11. This is available on the GOC website: <https://www.optical.org/en/get-involved/consultations/past-consultations.cfm#2013>

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

As it stands, the absence of any information about the expected costs and benefits means that respondents to the consultation will not be able to provide a properly informed response. This is particularly concerning as the GOC seems intent on making a final decision about whether to introduce the new system by the end of this year.

We understand that the GOC has now appointed a consultant to carry out a “financial impact analysis”, which is to be completed by the end of October. This timescale is problematic for three reasons. First, it means that the financial impact analysis will not be available to stakeholders prior to responding to the consultation, which closes on 19 October. Secondly, the information submitted by respondents to the consultation will not be available to the consultant until shortly before the report is due to be finalised, which begs the question of whether the responses will have any significant bearing on the analysis. Thirdly, the time for the preparation and production of the financial impact analysis is unreasonably short and inadequate.

We repeat our complaint that this failure by the GOC to publish, in advance of the public consultation, key information on the financial and other impacts of the significant structural change is a very serious omission which renders the consultation unfair and potentially unlawful. We specifically made a plea to the GOC to produce a proper impact assessment prior to the public consultation in order that consultees could give meaningful responses to the consultation. This is particularly important because unless there are clear benefits to be derived from the significant changes (which the GOC has not evidenced), then anything approaching a substantial cost impact is likely to be a disproportionate and unnecessary price to pay. How can consultees be expected to respond to the consultation in an informed way unless this key information is provided?

We propose, therefore, that the GOC should extend the current consultation to allow stakeholders four weeks following the publication of the financial impact analysis to consider the analysis and submit their consultation responses or, in the case of stakeholders who have submitted their responses already, to provide supplemental comments.

Impacts on stakeholder groups

The GOC’s proposals would clearly have significant impacts for a range of stakeholder groups and as we have said above, it is important to take into account the different impacts that would flow from changes to the system of education for dispensing opticians as opposed to the system of education for optometrists.

Given the GOC’s overarching objective of protecting the public, it is obviously necessary to consider the impact on patients and the wider public. We have explained the risk of lower, inconsistent standards of education as a result of the GOC’s proposals. It follows, therefore, that this could result in lower standards of patient care and this would be damaging for patients and also the wider public, who rely on high standards of education to ensure, for example, that patients receive the spectacles they need in order to be safe to drive.

Also, the absence of any additional funding to support the implementation of the GOC’s proposals raises the prospect of employers passing on the extra costs to patients in the form of higher prices for optical goods and services.

As we have said, students would face the prospect of lower, inconsistent standards of education and potentially increased fees if the absence of new funding for implementation and additional ongoing costs resulted in the costs being passed on to them.

Education providers would clearly face significant impacts as a result of the proposed changes, although these would vary depending on whether they became an SPA or worked with an SPA.

As we have explained, current qualification providers like ABDO would face significant additional burdens if they became an SPA, particularly as a result of their new responsibility for the qualification’s delivery and management quality control. This would also carry an opportunity cost in that these additional costs would render them unable to fund other activities, such as investment in IT systems.

ABDO response to consultation on education and training requirements for GOC approved qualifications (CONTINUED)

Employers would face increased costs as a result of the need to arrange additional placements and train the requisite number of supervisors. If the inability of education providers to fund the proposed changes led to programme closures and a reduced supply of practitioners, this could also add costs in the form of increased salaries and locum fees.

Commissioners of optical services would face additional burdens as a result of the proposed changes in that lower, inconsistent standards of education would result in them needing to gain additional assurance about the level of care which practitioners could safely provide. It is likely that additional accreditation would be needed in order to provide enhanced services and this would obviously involve costs for employers and practitioners too.

The GOC might well face reduced quality assurance costs as a result of outsourcing the quality assurance of providers to SPAs to some extent. However, the costs of implementing the new system will be substantial, with a sizeable sum already aside to create a 'knowledge hub' and carry out research to evaluate the impact of the changes.

Lower and inconsistent standards of education could also lead to increased costs as a result of a higher number of fitness to practise complaints.

Conclusion

We are very concerned that the GOC has not demonstrated that any benefits of the proposed new system would outweigh the costs. In our view, there is a substantial risk that ultimately, patients and the general public would pay the price for the introduction of a new system of education with no benchmarked standards of proficiency and potentially, no rigorous external assessments by independent bodies who do not have the pressure of league tables or commercial influence.

1. Can we publish your response? (Required)

Yes	<input checked="" type="checkbox"/>
Yes, but please keep my name / my organisation's name private	<input type="checkbox"/>
No	<input type="checkbox"/>