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Annex One

Education and training requirements for GOC approved qualifications in optometry and dispensing optics

Introduction

This document describes our requirements for approval of qualifications leading to registration as an optometrist or a dispensing optician:

- Section one, **Outcomes for Registration**, describe the expected knowledge, skills and behaviours a dispensing optician or optometrist must have at the point they qualify and enter the register with the GOC.
- Section two**, Standards for Approved Qualifications**, describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification.
- Section three, **Quality Assurance and Enhancement Method**, describes how we propose to gather evidence to decide whether a qualification leading to registration as either a dispensing optician or an optometrist meets our Outcomes for Registration and Standards for Approved Qualifications, in accordance with the Opticians Act.

What do these documents replace?

Together, these documents will replace our Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011), including the list of required core-competences, the numerical requirements for students' practical experiences, education policies and guidance contained within the handbooks, and our policies on supervision and recognition of prior learning, which are published separately.

The proposed 'Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method' together will ensure the qualifications we approve are responsive to a rapidly changing landscape in the commissioning of eye-care services in each of the devolved nations. They respond to the changing needs of patients and service users and changes in higher education, not least as a result of the COVID-19 emergency, as well as increased expectations of the student community and their future employers, and ensure that the qualifications we approve are fit for purpose.

What have we consulted on previously?

These proposals are based on our analysis of key findings from our Call for Evidence, Concepts and Principles Consultation published in 2017-2018; feedback from our 2018-2019 and 2020 consultation on proposals stemming from the Education Strategic Review (ESR) and associated research. For more information please see the GOC's consultation hub.

Post-registration qualifications

We also approve two post-registration qualifications: for dispensing opticians, contact lens qualifications and for optometrists, therapeutic (independent) prescribing qualifications. Our requirements for these qualifications were published in 2007 and 2008 respectively. Work to

update our requirements for contact lens qualifications and therapeutic prescribing qualifications has commenced and will be published separately.

How have we developed our proposals?

Our proposals have been guided by research and consultation, and draw upon best practice from other regulators, professional and chartered bodies. You can read our research, background and briefing papers on our website.

In preparing this document we were advised by two Expert Advisory Groups (EAGs) with input from the Quality Assurance Agency and feedback from a range of stakeholder groups including our Education Visitors, our Advisory Panel (including Education and Standards Committee) the optical sector and sight-loss charities.

We would like to thank everyone who took the time to help us develop our proposals to ensure our proposed 'Outcomes for Registration,' 'Standards for Approved Qualifications' and 'Quality Assurance and Enhancement Method' protects and benefits the public, safeguards patients and helps to secure the health of service-users.

You can read the EAGs' terms of reference and membership on our website.

Arrangements for current providers of GOC-approved and provisionally qualifications

From March 2021 we will begin working with each provider of GOC-approved and provisionally approved qualifications to understand at what pace providers will wish to adapt their existing qualifications or develop new qualifications to meet the 'Outcomes for Registration' and 'Standards for Approved Qualifications.' (Please see section 4 in the Quality Assurance and Enhancement Method for more information on transitional arrangements for current providers of GOC-approved and provisionally qualifications.)

We anticipate most providers will work towards admitting students to approved qualifications that meet the outcomes and standards from the 2023/24 or 2024/25 academic year.

Some providers may, in consultation with the GOC, agree a later start date. Separate arrangements will be made with the College of Optometrists and ABDO Exams.

Section One: **Outcomes for Registration**

Introduction

The **Outcomes for Registration** describe the expected knowledge, skills and behaviours a dispensing optician or optometrist must have at the point they qualify and enter the register with the GOC.

We will use the '**Outcomes for Registration,'** '**Standards for Approved Qualifications'** and **'Quality Assurance and Enhancement Method'** together to decide whether to approve a qualification leading to registration as a dispensing optician or an optometrist.

GOC approved qualifications[1] will prepare students to meet these outcomes for entry to the register.

The outcomes are organised under seven categories. Each category references the GOC's Standards for Practice[2], which students will be expected to meet once they join the register.

Each outcome is described using a level based on an established competence and assessment hierarchy known as 'Miller's Pyramid of Clinical Competence'[3] (knows: knows how: show how & does). We've provided a note on Miller's Pyramid on page 13 of this document and details of the process of constructing the Outcomes for Registration are on page 14.

The number of outcomes in each category varies; some categories have fewer outcomes than others. The size and number of outcomes in each category and their order is not intended to be an indication of weight and/or volume of assessment and teaching for providers when designing qualifications.

The seven categories are:

1. Person Centred Care
2. Communication
3. Clinical Practice
4. Ethics and Standards
5. Risk
6. Leadership and Management
7. Lifelong Learning

The outcomes will be supplemented by a GOC commissioned sector-led co-produced indicative document which will provide a greater level of detail for each profession to support providers as they develop new qualifications or adapt existing approved qualifications to meet these outcomes. Providers of GOC approved qualifications will be expected to map their programmes to the indicative document on a 'map or explain' basis.

[1] Act gives GOC powers to 'approve' 'qualifications'

[2] Standards of Practice, https://standards.optical.org/areas/practice/

[3] Miller, G.E. (1990) The assessment of clinical skills/competence/performance. Acad Med 65: 563–7.

Outcomes for Registration

Registered optical professionals make the care of patients their primary concern. They take responsibility for their own actions and apply the knowledge, skills and behaviours required to practice effectively, safely and professionally.

1. Person centred care

Patient well-being/care is an optical professional's primary concern and must be at the heart of all decisions made about patient care (Standard 1). Optical professionals must be able to employ an adaptative and personalised approach to patient care, considering the patient's social, clinical, personal and cultural needs whilst challenging their own conscious and unconscious bias (Standards 4 and 13). Where care requires the involvement of other professionals, they must be able to collaborate effectively (Standards 3, 6, 7, 10, 11 and 14).

O1.1 Actively listens to patients and their carers to ensure patients are involved in and are at the heart of decisions made about patient's care.	**DOES**
O1.2 Manages desired health outcomes of patients, taking into consideration any relevant medical, family and social history of the patient, which may include personal beliefs or cultural factors.	**DOES**
O1.3 Protects patients' rights; respects the choices they make and their right to dignity and privacy.	**DOES**
O1.4 Ensures high quality care is delivered and puts into place adaptative measures as needed for different environments (such as domiciliary, prisons and special schools).	**SHOWS HOW**
O1.5 Commits to care that is not compromised because of own personal conscious and unconscious values and beliefs.	**DOES**
O1.6 Obtains and verifies continuation of valid consent from adults, children, young and vulnerable people and their carers and records as appropriate.	**DOES**
O1.7 Demonstrates effective clinical decision making, diagnosis, evaluation and makes appropriate and timely referral, where this is needed to meet a patient's needs.	**DOES**
O1.8 Refers and signposts as necessary to sight loss and other relevant health services.	**DOES**

2. Communication

Communication is key to effective patient and public interactions (Standard 2). Optical professionals must be able to communicate effectively with patients and other professionals. Optical professionals must be able to adapt their approach and style according to specific individual needs and in a manner that is supportive of achieving desired outcomes (Standards 1, 10 and 13). This includes written and verbal communication, as well as recognising non-verbal cues (Standards 3, 4, 11, 12 and 13).

O2.1 Conducts communications in a sensitive and supportive manner adapting their communication approach and style to meet the needs of patients, carers, health and care colleagues and the public.	**DOES**
O2.2 Acts upon nonverbal cues from patients or carers that could indicate discomfort, a lack of understanding or an inability to give informed consent.	**KNOWS HOW**
O2.3 Communicates effectively within a multi-disciplinary healthcare team and works collaboratively for the benefit of the patient.	**DOES**
O2.4 Critically reflects on how they communicate with a range of people and uses this reflection to improve interactions with others.	**DOES**

3. Clinical Practice

Optical professionals are professionally accountable and personally responsible for achieving desired patient outcomes according to their individual scope of practice. Working within their limits of competence (Standard 6), and exercising professional judgement, they must engage in evidence-informed clinical decision-making for all patients (Standards 5, 7 and 8).

O3.1 Undertakes safe and appropriate ocular examinations using appropriate techniques and procedures to inform clinical decision-making within individual scope of practice.	**DOES**
O3.2 Engages with developments in research, including the critical appraisal of relevant and up-to-date evidence to inform clinical decision-making and improve quality of care.	**DOES**
03.3 Engages with technological advances in eye health and broader healthcare delivery and the significance of specific developments for enhancing patient outcomes and service delivery.	**DOES**
O3.4 Analyses visual function from a range of diagnostic sources and uses data to devise a clinical management plan for a patient in areas that include the following:	**DOES**

- 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

03.5 Meets the following clinical practice outcomes for registration either as a dispensing optician or an optometrist. **DOES**

NOTE: The indications of how each outcome could be demonstrated are illustrative, rather than exhaustive. They should also be read in the context of the necessary application of the outcomes in all six categories to clinical practice. The indicators will inform the development of the indicative document that will underpin the Outcomes for Registration for each profession. Once the indicative document is agreed the indicators will be reviewed.

03.5a Ophthalmic dispensing (dispensing optician):

Outcome	Indicators
03.5a (i) Acts as a first point of contact for patients for their eye health needs by investigating, diagnosing and managing individuals' functional and developmental visual conditions, including those related to age.	• Takes a relevant history from individual patients and any other appropriate person involved in their care (relatives/carers and others) • Interprets the results of history-taking and the examination of the refractive and ocular motor status of individual patients to inform clinical decision-making and care management plans • Records all aspects of the consultation, the findings of all tests and relevant communications with patients, their carers and colleagues, ensuring that records are accurate, legible, dated, signed, concise, contemporaneous and securely stored • Accepts responsibility and accountability for professional decisions and actions as a first point of contact, including in responding to individual patients' needs, managing risk, and making appropriate referrals.
03.5a (ii) Completes an informed clinical assessment of individual patients' need and uses this to dispense, fit and advise on the safe and effective use of spectacles, low-vision aids and other ophthalmic appliances.	• Interprets and dispenses a prescription using appropriate lenses, frame choice and facial and accurate frame measurements • Measures and verifies optical appliances in line with relevant standards, guidelines and evidence • Prescribes advises and dispenses appropriate vocational and special optical appliances in accordance with personal eye protection regulations and relevant standards • Manages and dispenses appropriate spectacles for paediatric patients and for patients with complex or additional needs, including by adapting the practice environment and practice activity in line with individuals' needs • Manages cases of non-tolerance • Identifies and advises patients who could benefit from simple or complex low-vision aids • Conducts a low-vision assessment, including through full history-taking and evaluation of visual requirements • Evaluates the clinical findings of low-vision assessments, applying knowledge of low vision optics to dispense appropriate simple and complex low-vision aids and provide relevant advice

	• Advises on accessing and makes appropriate referrals to low-vision services, in line with patients' best interests • Manages and assess vision, refractive error, binocular status and visual acuity (within scope of practice) • Evaluates optical products and advancement in technology of ophthalmic lenses and frame manufacture in order to provide patients with the most appropriate optical appliances • Analyses a wide range of prescriptions recognising potential problems and appraising suitable lens solutions, modifying a prescription in accordance with legal requirements relative to the visual task analysis for individual patient's requirements • Appraises and understands facial development with an ability to relate anatomical features and material properties to the dispensing of optical appliances • Appraises and completes all facial measurements required for bespoke eyewear, including the ability to modify where necessary frames for children and patients with craniofacial abnormalities • Modifies, repairs, adjusts and accurately fits optical appliances • Manages and dispenses prescriptions including high and/or complex prescriptions recalling knowledge of optical performance and production of the appliance in order to meet patients' visual and aesthetic needs
03.5a (iii) Advises on the safe and effective use of contact lenses and removal in an emergency	• Recognise methods of selecting and fitting contact lenses and the importance of aftercare regimes for patients with both soft and rigid contact lenses to maintain ocular health • Advises and discusses possible contact lens options for the intended use and clinical needs of the patient • Instructs the patient in the handling of soft/rigid lenses and how to wear and care for them • Demonstrates the removal of a contact lens in an emergency
03.5a (iv) Accurately identifies patients' conditions and their potential need for medical referral in a timely way, including when urgent or emergency attention is required	• Investigates and interprets the results of history-taking and clinical findings (i.e. a recognition of abnormality and correct interpretation of common investigative tests) to formulate an appropriate management plan, recognising and acting when a referral is appropriate • Recognises the clinical signs/presentation of common ocular abnormalities and appropriately advises and/or refers patients • Manages patients presenting with red eye • Recognises the clinical signs of sight- and life-threatening conditions that require immediate treatment and takes appropriate action • Appraises the need for and urgency of making a patient referral, using relevant local protocols and national professional guidance, and acts accordingly • Advises individual patients on the implications and care options arising from the detection of common ocular abnormalities, making referrals when in patients' best interests for their receipt of timely, efficacious care
03.5a (v) Recognises the use of common ophthalmic drugs, to safely facilitate optometric examination and the diagnosis / treatment of ocular disease	• Adheres to legal requirements for the use and supply of common ophthalmic drugs • Appraises the appropriate use of common ophthalmic drugs used to aid refraction and treatment of ocular conditions and its compatibility with other treatments the patient is receiving • Detects adverse ocular reactions to medication and advises, manages and refers in line with individual patients' need

	• Recognises the indications and contraindications of commonly-used ophthalmic drugs and responds in light of these to uphold patient care and safety

03.5b Optometry:

Outcome	Indicators
03.5b (i) Acts as a first point of contact for patients for their eye health needs by investigating, diagnosing and managing individuals' functional and developmental visual conditions, including those related to age.	• Takes a relevant history from individual patients and any other appropriate person involved in their care (relatives/carers and others). • Interprets the results of history-taking and the examination of the refractive and ocular motor status of individual patients to inform clinical decision-making and care management plans. • Records all aspects of the consultation, the findings of all tests and relevant communications with patients, their carers and colleagues, ensuring that records are accurate, legible, dated, signed, concise, contemporaneous and securely stored. • Accepts responsibility and accountability for professional decisions and actions as a first point of contact, including in responding to individual patients' needs, managing risk, and making appropriate referrals.
03.5b (ii) Completes an informed clinical assessment of individual patients' need and uses this to dispense, fit and advise on the safe and effective use of spectacles, contact lenses, low-vision aids and other ophthalmic appliances.	• Interprets and dispenses a prescription using appropriate lenses, frame choice and accurate facial and frame measurements • Measures and verifies optical appliances in line with relevant standards, guidelines and evidence • Prescribes, advises and dispenses appropriate vocational and special optical appliances, in accordance with personal eye protection regulations and relevant standards • Manages and dispenses appropriate spectacles for paediatric patients and for patients with complex or additional needs, including by adapting the practice environment and practice activity in line with individuals' needs • Manages cases of non-tolerance • Identifies and advises patients who could benefit from simple or complex low-vision aids • Conducts a low-vision assessment, including through full history-taking and evaluation of visual requirements • Evaluates the clinical findings of low-vision assessments, applying knowledge of low-vision optics to dispense appropriate simple and complex low-vision aids and provide relevant advice • Advises on accessing and makes appropriate referrals to low-vision services, in line with patients' best interests • Identifies, recommends and fits contact lenses to support and enhance individual patients' eye health • Instructs and advises patients in soft/rigid lens handling and how to wear and care for lenses
03.5b (iii) Makes informed decisions on the treatment and management of ocular abnormalities and disease	• Investigates and interprets individual patients' presenting symptoms and risk factors and identifies the clinical signs of potential abnormality and disease • Selects and deploys appropriate methods of clinical examination • Analyses the results of an examination to make a differential diagnosis • Advises individual patients on the implications and care options arising from the detection of common ocular abnormalities and disease, making referrals when in patients' best interests for their receipt of timely, efficacious care

	• Designs and implements an appropriate management plan arising from a clinical examination and differential diagnosis, in line with individual patients' clinical need and preferences • Assesses and evaluates signs and symptoms of neurological significance • Manages patients presenting with red eye • Detects the ocular manifestations of systemic disease and advises and refers in line with individual patients' need • Treats a range of common ocular conditions
03.5b (iv) Accurately identifies patients' conditions and their potential need for medical referral in a timely way, including when urgent or emergency attention is required.	• Interprets the results of history-taking and clinical findings (i.e. a recognition of abnormality and correct interpretation of common investigative tests) to formulate an appropriate management plan, recognising and acting when a referral is appropriate • Identifies the signs of disease progression or change in individual patients' clinical status and adapts and advises on their management plan in line with this • Appraises the need for and urgency of making a patient referral, using relevant local protocols and national professional guidance, and acts accordingly • Recognises the clinical signs of sight- and life-threatening conditions that require immediate treatment and takes appropriate action • Detects adverse ocular reactions to medication and advises, manages and refers in line with individual patients' need.
03.5b (v) Uses common ophthalmic drugs, safely to facilitate optometric examination and the diagnosis / treatment of ocular disease.	• Adheres to legal requirements for the use and supply of common ophthalmic drugs • Appraises the appropriate use of common ocular drugs to aid refraction and assessment of the fundus • Obtains individual patients' informed consent to use common ophthalmic drugs to aid investigation, examination, diagnosis and treatment, including by advising on the potential side effects and associated risks of specific drugs • Administers common ocular drugs appropriately, effectively and judiciously, exercising caution to avoid errors • Appraises whether to check the depth of the anterior chamber and measure intra-ocular pressures when administering drugs that dilate the pupil • Recognises the indications and contraindications of commonly-used ophthalmic drugs and responds in light of these to uphold patient care and safety

4. Ethics and Standards

Optical professionals must uphold high professional standards and ethics through honesty, integrity and lifelong development. They are responsible for ensuring the care and safety of patients and the public. Optical professionals must work within their scope of practice and current legislation (Opticians Act, GOC Standards of Practice) to ensure their own practice (including supervised and delegated activities) meets all legal and professional requirements and is equitable for all.

O4.1 Upholds the values and demonstrate the behaviours expected of a GOC registrant, as described in the GOC Standards of Practice. **DOES**

O4.2 Acts openly and honestly and in accordance with the GOC Duty **DOES**

of Candour guidelines.

O4.3 Understands and implements relevant safeguarding procedures, local and national guidance in relation to children, persons with disabilities, and other vulnerable people.	**SHOWS HOW**
O4.4 Applies the relevant national law and takes appropriate actions i) to gain consent and ii) if consent cannot be obtained or is withdrawn.	**DOES**
O4.5 Recognises and works within the limits of own knowledge and skills. Seeks support and refers to others where appropriate.	**DOES**
O4.6 Understands the professional and legal responsibilities of trainee and student supervision and of being supervised.	**KNOWS HOW**
O4.7 Demonstrates the fulfilment of professional and legal responsibilities in supervising unregistered colleagues undertaking delegated activities.	**DOES**
O4.8 Complies with health and safety legislation.	**DOES**
O4.9 Complies with equality and human rights' legislation, demonstrates inclusion and respects diversity.	**DOES**
O4.10 Understands the patient or carers' right to complain without prejudicing the standard of care provided.	**KNOWS**
O4.11 Adheres to the ethical principles for prescribing and to legislation relating to medicines management.	**SHOWS HOW**
O4.12 Complies with legal, professional and ethical requirements for the management of information in all forms including the accuracy and appropriateness of patient records and respecting patient confidentiality.	**DOES**
O4.13 Manages situations under which patient confidentiality may be breached in order to protect a patient or the public, in line with relevant guidance on disclosing confidential information and/or with the patient's consent.	**SHOWS HOW**
O4.14 Applies eye health policies and guidance and utilises resources efficiently to improve patient outcomes.	**DOES**
O4.15 Maintains professional boundaries with patients and others taking into consideration the additional needs of vulnerable people and specific requests/requirements.	**DOES**
O4.16 Understands the role of carers and the power of attorney.	**KNOWS HOW**
O4.17 Complies with legislation and rules concerning the sale and supply	**DOES**

of optical appliances.

O4.18 Provides clarity on services available and any associated payments.	**DOES**

5. Risk

Optical professionals have a responsibility to protect and safeguard patients, colleagues and others from harm (Standard 11). Optical professionals must understand and work within the limits of their competence recognising the evolving nature of personal practice. (Standard 6). They should be able to identify when people might be at risk and be candid when things have gone wrong to ensure a safe environment for patients and the public (Standards 12, 16 and 19).

O5.1 Recognises when their own performance or the performance of others is putting people at risk and takes prompt and appropriate action.	**DOES**
O5.2 Knows how to manage complaints, incidents or errors in an effective manner.	**KNOWS HOW**
O5.3 Address any health and safety concerns about the working environment that may put themselves, patients or others at risk.	**KNOWS HOW**
O5.4 Applies due process for raising and escalating concerns, including speaking-up and protected disclosure if all other routes have been pursued and there is reason to believe that patients or the public are at risk.	**KNOWS HOW**
O5.5 Applies infection prevention control measures commensurate with the risks identified.	**DOES**
O5.6 Understands the importance of maintaining their own health to remain healthy and professionally effective.	**KNOWS HOW**
O5.7 Able to risk assess i) patient's clinical condition and ii) a situation in clinical practice and make appropriate clinical decisions.	**DOES**

6. Leadership and Management

Optical professionals must understand the importance of clinical leadership, as determined by their scope of practice, and be able to work within their area of expertise and competence to achieve desired patient outcomes (Standards 1, 6, 11 and 12). Working collaboratively within healthcare teams and with other professionals, optical professionals should promote and engage with clinical governance requirements, service improvements and local and national public health initiatives (Standard 10).

O6.1 Undertakes efficient, safe and effective patient and caseload management.	**DOES**

O6.2 Works collaboratively within healthcare teams, exercising skills and behaviours of clinical leadership and effective team-working and management in line with their role and scope of practice.	**SHOWS HOW**
O6.3 Engages with clinical governance requirements to safeguard and improve the quality of patient care, including through contributing to service evaluation and development initiatives.	**KNOWS HOW**
O6.4 Recognises and manages adverse situations, understanding when to seek support and advice to uphold patients' and others' safety.	**KNOWS HOW**
O6.5 Takes appropriate action in an emergency, providing care and clinical leadership within personal scope of practice and referring or signposting patients as needed, to ensure their safe and timely care.	**DOES**
O6.6 Engages with population and public health initiatives and understands how population data should inform practice and service delivery.	**KNOWS HOW**

7. Lifelong Learning

Continuing professional development and keeping knowledge and skills up to date is the personal responsibility of all optical professionals working within their scope of practice (Standard 5). Their own performance and that of others must be evaluated by an ongoing process of reflection to inform own learning and development needs, meet service delivery requirements and improve the quality of care for patients (Standard 10). Sources of information could include clinical audit, patient feedback and peer review (Standard 6).

O7.1 Evaluates, identifies, and meets own learning and development needs.	**DOES**
O7.2 Supports the learning and development of others, including through acting as a role model and mentor.	**SHOWS HOW**
O7.3 Gathers, evaluates and applies effective patient and service delivery feedback to improve their practice.	**SHOWS HOW**
O7.4 Engages in critical reflection on their own development, with a focus on learning from experience, using data from a range of information sources (such as clinical audits, patient feedback, peer review and significant event analysis) and identifying and addressing their new learning needs to improve the quality and outcomes of patient care.	**DOES**

Note on 'Miller's Pyramid of Clinical Competence'[4]

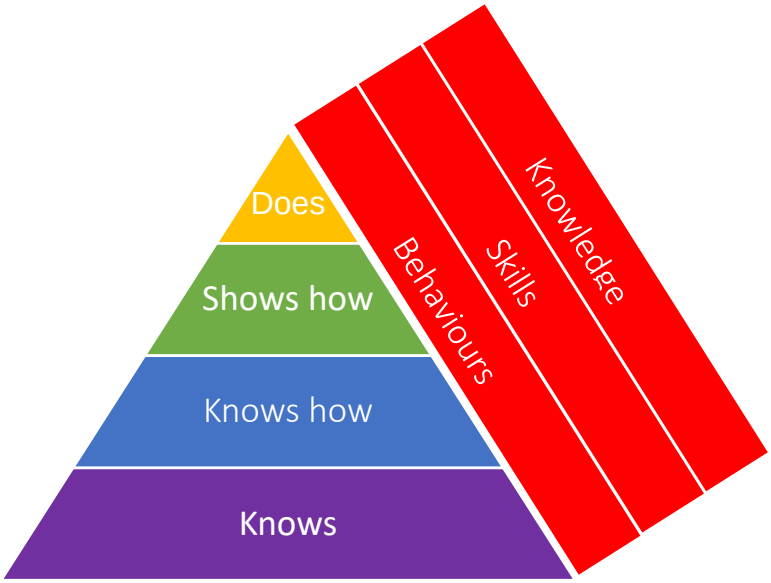
Knows	Knowledge that may be applied in the future. *(Assessments may include essays, unseen examinations, practical reports, essays, oral examinations and multiple-choice questions, etc.)*
Knows how	Knows how to apply knowledge and skills in a defined context or situation. *(Assessments may include essays, oral examinations, unseen examinations, short answer questions, multi-format MCQs (single best answer, extended matching questions), practical simulations, portfolios, workbooks and poster presentations, etc.)*
Shows how	Applies knowledge, skill and behaviour in a simulated environment or in real life repeatedly and reliably. *(Assessments may include objective structured clinical examinations (OSCEs), simulated patient assessments, oral and poster presentations, designing, conducting and reporting an experiment, dispensing tests and taking a patient history, unseen examinations involving patient cases, etc.)*
Does	Acting independently and consistently in a complex situation of an everyday or familiar context repeatedly and reliably. *(Assessments may include objective structured clinical examinations (OSCEs), simulated patient assessments and observed practice, case-based assessments, portfolios, sustained research project (thesis, poster and oral presentation) etc.*

[4] Miller, G.E. (1990) The assessment of clinical skills/competence/performance. Acad Med 65: 56

Note on Process of constructing Outcomes for Registration

Step one of the process involved conducting a gap analysis between our current education requirements and the needs of the optical sector in the next five-ten years.

Step two involved selecting relevant frameworks to underpin the development of outcomes. These included Miller's Pyramid of clinical competence which is an established competence and assessment hierarchy (see below).



Miller's Pyramid has four levels:

1. Knows (Knowledge that may be applied in the future)

2. Knows how (Knows how to apply knowledge and skills in a defined context or situation

3. Shows how (Applies knowledge, skill and behaviour in a simulated environment or in real life repeatedly and reliably

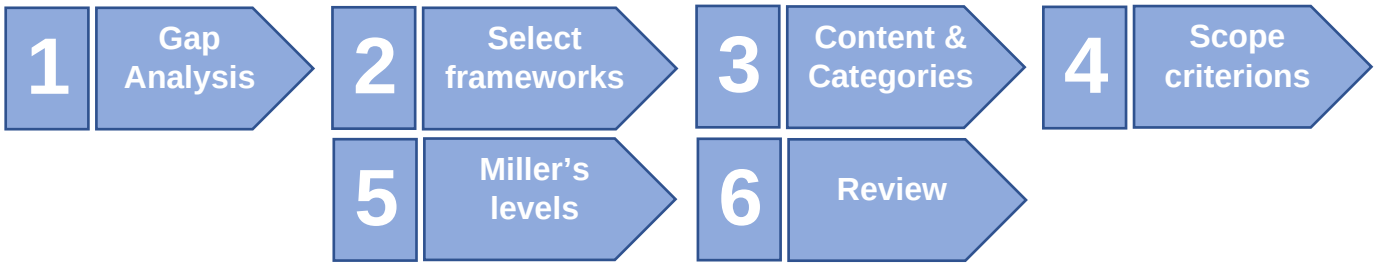
4. Acting independently and consistently in a complex situation of an everyday or familiar context repeatedly and reliably

Step three of the process involved identifying categories of outcomes and elements of content within those categories to be developed into individual outcome criterions; mapped to the GOC's Standards for individuals.

Step four involved scoping individual outcomes with reference to existing competencies, previous consultation material, the ESR evidence-base accumulated through the GOC's ongoing stakeholder engagement and an assessment of the needs of the optical sector in the next five-ten years. Step five involved allocating levels on Miller's pyramid to each outcome criterion to inform the assessment requirements.

The final step of the process (step six) involved reviewing the construction of the outcome criterions, the assigned levels from Miller's pyramid and the use of verbs. Overarching statements were also developed for each of the outcome categories. Central to this process was the advice received from the Expert Advisory Groups (EAGs) for optometry and dispensing optics and the verification of the outcomes using the Delphi method.

Six Step Process to creating Outcomes for new registrants[5]



[5] Ben Pearson, General Optical Council, 2021

Section Two: **Standards for Approved Qualifications**

Introduction

The **Standards for Approved Qualifications** describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification.

We will use the '**Outcomes for Registration,'** '**Standards for Approved Qualifications'** and **'Quality Assurance and Enhancement Method'** together to decide whether to approve a qualification leading to registration as a dispensing optician or an optometrist.

GOC approved qualifications[6] will prepare students to meet these outcomes for entry to the register.

The Standards are organised under five categories:

1. Public and patient safety
2. Admission of students
3. Assessment of outcomes and curriculum design
4. Management, monitoring and review of approved qualifications
5. Leadership, resources and capacity

Each category is supported by criteria which must be met for a qualification to be approved.

[6] Act gives GOC powers to 'approve' 'qualifications'

Standards for Approved Qualifications

1. Public and Patient Safety

Approved qualifications must be delivered in contexts that uphold public and patient safety, supporting students' development and demonstration of patient-centred professionalism.

Criteria to meet this standard:

S1.1 - There must be policies and systems in place to ensure students understand and adhere to GOC's Standards for Optical Students and understand GOC's Standards of Practice.

S1.2 - Concerns about a student's fitness to train must be investigated through robust, fair proportionate processes and where necessary, action taken and reported to the GOC. (The GOC acceptance criteria and the related guidance in Annex A should be used as a guide as to how a fitness to train matter should be investigated and when it should be reported to the GOC.)

S1.3 – Students must not put patients, service-users or the public at risk. This means that anyone who teaches, assesses, supervises or employs students must ensure students practise safely and that students only undertake activity within the limits of their competence, and are appropriately supervised when with patients and service users.

S1.4 – Upon admission (and at regular intervals thereafter) students 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 optical dispensing.

2. Admission of Students

Recruitment, selection and admission of students to a qualification leading to registration as an optometrist or dispensing optician must be transparent, fair and appropriate for admission.

Criteria to meet this standard:

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.

S2.2 – Recruitment, selection and admission processes must be fair, transparent and comply with relevant regulations and legislation (which may differ in England, Scotland, Northern Ireland, Wales and/or non-UK), including equality and diversity legislation.

S2.3 - Selectors (who may comprise academic and admissions/administrative staff) should be trained to apply selection criteria fairly, including training in equality, diversity and unconscious bias, in line with the regulations and legislation in place in England, Scotland, Northern Ireland and/or Wales.

S2.4 - Information provided to applicants must be accurate, comply with relevant regulations and legislation and include:

- the academic and professional entry requirements required for entry to the approved qualification;
- a description of the selection process and any costs associated with making the application;
- the qualification's approved status;
- the total costs/ fees that will be incurred;
- the curriculum and assessment approach for the qualification; and
- the requirement for students to remain registered with the GOC throughout the duration of the programme leading to the award of the approved qualification.

If offers are made to applicants below published academic and professional entry requirements, the rationale for making such decisions must be explicit and documented.

S2.5 – Recognition of prior learning, where offered, must be supported by effective and robust policies and systems. These must ensure that students admitted at a point other than the start of a programme have the potential to meet the outcomes upon award of the approved qualification. Prior learning must be recognised in accordance with guidance issued by the QAA and/or Ofqual/ SQA/ Qualification Wales/ Department for the Economy in Northern Ireland and must not exempt students from summative assessments leading to the award of the approved qualification, unless achievement of prior learning can be evidenced as equivalent.

3. Assessment of Outcomes and Curriculum Design

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 & does).

Criteria to meet this standard:[7]

S3.1 – There must be a clear assessment strategy for the award of an approved qualification. The 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.

S3.2 – The approved qualification must be taught and assessed (diagnostically, formatively and summatively) in a progressive and integrated manner. The component parts should be linked into a cohesive programme of academic study, clinical experience and professional practice (for example, Harden's spiral curriculum[8]), introducing, progressing and assessing knowledge, skills and behaviour until the outcomes are achieved.

S3.3 - The approved qualification must provide experience of working with patients (such as patients with disabilities, children, their carers, etc); inter-professional learning (IPL); team work and preparation for entry into the workplace in a variety of settings (real and simulated) such as clinical, practice, community, manufacturing, research, domiciliary and hospital settings, (for example, Harden's ladder of integration[9]). This experience must increase in volume and complexity as a student progresses through a programme.

[7] Incorporating the 'Common Assessment Framework'

[8] R.M. HARDEN (1999) What is a spiral curriculum? Medical Teacher, 21:2, 141-143

[9] R.M. HARDEN The integration ladder: a tool for curriculum planning and evaluation. Medical Education 2000;34:551-557

S3.4 – Curriculum design, delivery and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, students, placement providers, commissioners, members of the eye-care team and other healthcare professionals. Stakeholders involved in the teaching, supervision and/ or assessment of students must be appropriately trained and supported, including in equality and diversity.

S3.5 - 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 permitted.

S3.6- Assessment (including lowest pass) criteria, choice and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must seek to ensure safe and effective practice and be appropriate for a qualification leading to registration as an optometrist or dispensing optician.

S3.7 – Assessment (including lowest pass) criteria must be explicit and set at the right standard, using an appropriate and tested standard-setting process. This includes assessments which might occur during learning and experience in practice, in the workplace or during inter-professional learning.

S3.8 – Assessments must appropriately balance validity, reliability, robustness, fairness and transparency, ensure equity of treatment for students, reflect best practice and be routinely monitored, developed and quality-controlled. This includes assessments which might occur during learning and experience in practice, in the workplace or during inter-professional learning.

S3.9 - Appropriate reasonable adjustments must be put in place to ensure that students with a disability are not disadvantaged in engaging with the learning and teaching process and in demonstrating their fulfilment of the outcomes.

S3.10 - Summative assessments directly related to the outcomes demonstrating unsafe practice must result in failure of the assessment.

S3.11 - There must be policies and systems in place to plan, monitor and record each student's achievement of outcomes leading to awards of the approved qualification.

S3.12 – 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 be a qualification regulated by Qfqual, SQA or Qualifications Wales. Approved qualifications in optometry must be at a minimum RQF, FHEQ or CQF level 7 or SCQF/FQHEIS 11. Approved qualifications in dispensing optics (ophthalmic dispensing) must be at a minimum RQF, FHEQ or CQF level 6 or SCQF/FQHEIS level 10.

S3.13 – The outcomes must be delivered and assessed in an environment that places study in an academic, clinical and professional context which is informed by research and provides opportunities for students to develop as learners and future professionals.

S3.14 –There must be a range of teaching and learning methods to deliver the outcomes that integrates scientific, professional and clinical theories and practices in a variety of settings and uses a range of procedures, drawing upon the strengths and opportunities of context in which the qualification is offered.

S3.15 – In meeting the outcomes, the approved qualification must integrate at least 1600 hours/ 48 weeks of patient-facing learning and experience in practice. Learning and experience in practice must take place in one or more periods of time and one or more settings of practice.

S3.16 – Outcomes delivered and assessed during learning and experience in practice must be clearly identified within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification.

S3.17 – The selection of outcomes to be taught and assessed during learning and experience in practice and the choice and design of assessment items must be informed by feedback from a stakeholders, such as patients, students, employers, placement providers and members of the eye-care team.

S3.18 - Assessment (if undertaken) of outcomes during learning and experience in practice must be carried out by an appropriately trained and qualified GOC Registrant or other statutorily registered healthcare professional who is competent to measure student's achievement of outcomes at the required level (Miller's pyramid).

S3.20 – 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 equality in the student's experience of studying on a programme leading to an approved qualification.

S3.21 - Students must have regular and timely feedback to improve their performance, including feedback on their performance in assessments and in periods of learning in practice.

S3.22 – If a student studies abroad for parts of the approved qualification, any outcomes studied and/or assessed abroad must be met in accordance with these standards.

4. Management, Monitoring and Review of Approved Qualifications.

Approved qualifications must be managed, monitored, reviewed and evaluated in a systematic and developmental way, through transparent processes that show who is responsible for what at each stage.

Criteria to meet this standard:

S4.1 - The provider of the approved qualification must be legally incorporated (i.e. not be an unincorporated association) and provide assurance it has the authority and capability to award the approved qualification.

S4.2 - The provider of the approved qualification must be able to accurately describe its corporate form, its governance and lines of accountability in relation to its award of the approved qualification.

S4.3 – There must be a clear management plan in place for the award of the approved qualification and its development, delivery, management, quality control and evaluation.

S4.4 - The provider of the approved qualification may be owned by a consortium of organisations or some other combination of separately constituted bodies. Howsoever

constituted, the relationship between the constituent organisations and the ownership of the provider responsible for the award of the approved qualification must be clear.

S4.5 - The provider of the approved qualification must have a named person who will be the primary point of contact for the GOC.

S4.6 - There must be agreements in place between the different organisations/ people (if any) that contribute to the delivery and assessment of the outcomes, including during periods of learning in practice. Agreements must define the role and responsibility of each organisation/person, be regularly reviewed and supported by management plans, systems and policies that ensure the delivery and assessment of the outcomes meet these standards.

S4.7 - The approved qualification must be systematically reviewed, monitored and evaluated using the best available evidence, including feedback from stakeholders, and action taken to address any concerns identified. Evidence should demonstrate that as a minimum there are:

- Feedback systems for students and placement providers;
- Structured systems for quality review and evaluation;
- Student consultative mechanisms;
- Input and feedback from external stakeholders (public, patients, employers, commissioners, students and former students, third sector bodies, etc.); and
- Evaluation of business intelligence including NSS, progression and attainment data.

To ensure that;

- Provision is relevant and current, and changes are made promptly to teaching materials and assessment items to reflect significant changes in practice and/or research;
- The quality of teaching, learning support and assessment is appropriate; and
- The quality of placements, learning in practice, inter-professional and work-based learning, including supervision, is appropriate.

S4.8 - There must be policies and systems in place for the selection, appointment, support and training of External Examiner(s) and/or Internal and External Moderator(s)/ Verifiers and for feedback on action to External Examiners and/or Internal and External Moderators/ Verifiers.

S4.9 - There must be policies and systems in place to ensure the supervision of students during periods of learning and experience in practice safeguards patients and service users and is not adversely affected by commercial pressures.

S4.10 - There must be policies and systems in place for the identification, support and training for all who carry responsibility for supervising students. The provider responsible for the award of the approved qualification must know how and by whom a student is being supervised during periods of learning in practice.

S4.11 – Students, and anyone who teaches, assesses, supervises, employs or works with students, must be able to provide feedback and raise concerns, and action is taken to address concerns and respond to feedback.

S4.12 - Complaints must be considered in accordance with good practice advice on handling complaints issued by the Office for the Independent Adjudicator for Higher Education in England and Wales (or equivalent.)

S4.13 – There must be an effective mechanism to identify risks to the quality of the delivery and assessment of the approved qualification, ensure appropriate management of commercial conflicts of interest and to identify areas requiring development.

S4.14 – The provider of the approved qualification must notify the GOC of any major events and/or changes to delivery, assessment and quality control, its organisation, resourcing and constitution, as well as responding to any relevant regulatory body reviews.

5. Leadership, Resources and Capacity

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.

Criteria to meet this Standard:

S5.1 - There must be robust and transparent mechanisms for identifying, securing and maintaining a sufficient and appropriate level of ongoing resource to deliver the outcomes to meet these standards, including human and physical resources that are fit for purpose, clearly integrated into strategic and business plans. Evaluations of resources and capacity must be evidenced, and recommendations considered and implemented.

S5.2 - There must be sufficient and appropriately qualified and experienced staff to teach and assess the outcomes. This must include;

- An appropriately qualified and experienced programme leader, supported to succeed in their role;
- Sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals;
- Sufficient supervision of students' learning in practice by GOC registrants who are appropriately trained and supported in their role; and
- An appropriate staff to student ratio (SSR), which must be benchmarked to comparable provision[10]

S5.3 – Staff who teach and/or assess the outcomes must be appropriately qualified and supported to develop in their professional, clinical, supervisory, academic/teaching and/or research roles. This must include;

- Opportunities for CPD, including personal, academic and profession-specific development;
- Effective induction, supervision, peer support, and mentoring;
- Realistic workload for anyone who teaches, assesses or supervises Students;
- For teaching staff, opportunity to gain teaching qualifications; and
- Effective appraisal, performance review and career development support.

S5.4 - There must be sufficient and appropriate learning facilities to deliver and assess the outcomes. This must include;

- Sufficient and appropriate library and other information and IT resources;
- Access to specialist resources, including textbooks, journals, internet and web-based materials;

[10] The approved qualification provider as part of their rationale for their choice of SSR must regularly benchmark their SSR to comparable providers (alongside seeking student and stakeholder feedback) to determine if their SSR provides an appropriate level of resource for the teaching and assessment of the outcomes leading to the award of an approved qualification, leadership and research.

- Specialist teaching, learning and clinical facilities to enable the delivery and assessment of the outcomes; and
- Enrichment activities, which may include non-compulsory, non-assessed elements.

S5.5 - Students must have effective support for health, wellbeing, conduct, academic, professional and clinical issues.

Annex A (to S1.2, Standard One, 'Public and Patient Safety')

Guidance note for addressing student fitness to train concerns prior to referral to the GOC

Introduction

1. The overarching objective of the General Optical Council (GOC) is to protect the public. We are the only statutory regulator to regulate students and as such, decisions on whether a student is fit to undertake training or to continue to train are matters for the Registrar or a fitness to practise committee (FtPC).

2. This guidance should be considered alongside the GOC Acceptance Criteria, the Standards for Optical Students, the declarations guidance for student registrants, and the local policies providers have in place for managing conduct, capability and performance and attendance.

3. The Acceptance Criteria are a case management tool used by us to decide whether to accept a complaint as an allegation of impaired fitness to practise, fitness to carry on business or, in respect of students, impaired fitness to undertake training as defined by the Opticians Act 1989.

4. This guidance note is intended to give education providers of GOC approved qualifications a consistent framework for addressing conduct, capability and health concerns relating to student optometrists and dispensing opticians. It will also assist providers, students, supervisors, patients and the public to understand when concerns should be referred to us.

5. In this guidance note, the terms 'must / will', and 'should / may' are used in the following ways;

   - 'must' / will - is used for an over-riding principle
   - 'should' / may - is used where we provide an explanation about how a provider could meet an over-riding principle.

6. This note is intended to provide guidance to providers of our approved qualifications (and providers preparing qualifications for our approval) in meeting criterion S1.2 in Standard One ''Public and Patient Safety' –'*Concerns about a student's fitness to train must be investigated through robust, fair proportionate processes and where necessary, action taken and reported to us. (Our acceptance criteria and the related guidance in Annex A should be used as a guide as to how concerns about a student's fitness to train matter should be investigated and when it should be reported to us.)*' The intention is to use this guidance to underpin our scrutiny of evidence in relation to criterion S1.2, which may be explored through thematic reviews of the Standards or evidence collected in a provider's periodic review or annual monitoring.

Proportionality

7. We consider that most complaints against student optometrists or dispensing opticians are better dealt with by the provider of the approved qualification ('the provider') and that regulatory input is not always necessary or proportionate.

8. Education and training should form a safe space for students to develop and learn and we would expect complaints that may give rise to concerns about a student's fitness to train to be considered in the first instance under the provider's local disciplinary process.

9. We acknowledge that effective learning will include mistakes being made by students and does not consider it necessary to treat all mistakes as constituting a potential impairment of fitness to undertake training in accordance with section 13D (2) Opticians Act 1989 and our Acceptance Criteria.

Addressing concerns appropriately at local level

10. It is important that there is a consistent approach to assessing a student's fitness to train across providers.

11. Our Standards for Optical Students set out the minimum standards of behaviour and performance that are expected of registered students in order to remain on our Register.

12. There are 18 Standards that optical students must have regard to and a breach of one of more of these standards may give rise to concerns about the student's fitness to train.

13. Section 13D (2) of the Opticians Act 1989 provides the grounds upon which a student's fitness to undertake training can be impaired for the purposes of this Act. These are;

    a. misconduct,
    c. a conviction or caution in the British Islands for a criminal offence, or a conviction elsewhere for an offence which, if committed in England and Wales, would constitute a criminal offence,
    d. the registrant, having accepted a conditional offer under s302 Criminal Procedure (Scotland) Act 1995… or agreed to pay a penalty under s115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution)
    e. the registrant, in proceedings in Scotland for an offence having been the subject of an order under s246(2)or (3) of the Criminal Procedure (Scotland) Act 1995 discharging him absolutely.
    f. adverse physical or mental health, or
    g. a determination by a body in the United Kingdom responsible… for the regulation of a health or social care profession to the effect that his fitness to practise as a member of that profession is impaired.

14. In deciding whether to address a fitness to train issue using the provider's local procedures or whether to refer to us, the provider should consider how the student's behaviour, conduct or health may impact on the safety of patients, the public, other students or staff, or on the public's trust in the profession.

The threshold of student fitness to train

15. A student's fitness to train is called into question when their behaviour, conduct or health raises a serious or persistent cause for concern about their ability or suitability to continue to study for an approved qualification.

16. Providers should consider the following questions when considering whether an individual student's conduct has crossed the fitness to train threshold:

    a. has the student's behaviour deviated from the expectations set out in the Standards for Optical Students?
    b. has the student's behaviour harmed patients or put patients at risk?
    c. has the student shown a deliberate or reckless disregard for professional or clinical responsibilities towards patients, tutors, other students or colleagues?
    d. has the student behaved dishonestly or in a way designed to mislead others?
    e. could the student's conduct or behaviour undermine public confidence in the profession more generally if the provider did not take action?
    f. is the student's health or impairment compromising the safety of patients, tutors, other students, or themselves?

    If the answer to any of these, or similar questions is yes, there is likely to be a fitness to train concern that requires further investigation by the provider.

17. Concerns about a student's fitness to train should start with an initial fact-finding exercise, and then, if it is independently decided that there is a case to answer, proceed to a student fitness to train committee / panel.

18. Providers must ensure their procedures are fair, transparent and proportionate. This includes a need to;

    a. set up appropriate procedures without unnecessary delay,
    b. establish that there are no conflicts of interest between investigators, panellists and the student,
    c. ensure students are clearly informed that they are under investigation, and why, as well as being provided with appropriate support by the institution,
    d. provide information on how the investigation will be carried out (including but not limited to, what students can expect, how they will be informed of progress in an investigation and the name of the person they can contact from the investigation team),
    e. ensure that a student's need for any reasonable adjustments to be able to engage fully with the procedures have been considered and implemented,
    f. ensure that students are aware of their right to be represented,

g. include in their policy how a hearing may proceed in the absence of the student,
h. ensure that the student is given a complete copy of all the information given to the committee or panel,
i. make sure all parties have an equal opportunity to present their information and to respond to the evidence or information submitted by other parties,
j. make sure that panellists apply the civil standard of proof when reaching their conclusion(s). That is, that on a balance of probabilities, they are more certain than not in relation to their findings of fact,
k. ensure that students are appropriately supported throughout the process.

19. Appeal processes must be clearly defined and available to all students and should to include information on where they can refer their concern if they are unhappy with adherence to the internal process or the outcome. [Note: The GOC is not an avenue of appeal.]

Stage 1 – Investigation

20. The purpose of the initial investigation is to decide whether there is a case to answer about whether a student's fitness to train may be impaired. The initial investigation must be proportionate, weighing up the interests of patients and the public alongside those of the student.

21. The provider should appoint an investigator and decision maker(s) to investigate and consider whether the concerns should be referred to a fitness to train committee.

22. The role of the investigator(s) is to gather evidence to ***inform*** a decision on whether the student's fitness to train is impaired. The decision maker will consider that information and decide if there is a case to answer and if so, the consideration and decision on impairment will be undertaken by the fitness to train panel or committee.

23. It is not appropriate for an investigator to be the decision maker, since there may be a conflict of interest if an investigator were called to present the case on behalf of the provider in a subsequent fitness to train hearing.

24. The investigator:

a. Must be aware of our Standards for Optical Students
b. should be independent of the students programme of study with no involvement in directly supporting the student or making decisions about their progress through the approved programme,
c. must be appropriately trained to carry out an effective investigation in a full, proportionate way, considering both the interests of patients and the public and those of the student,
d. must keep a full record of the investigation.

25. After reviewing the evidence, the investigator should make a written report of the results of the investigation detailing all the evidence gathered. The investigator should present their findings to the investigation committee or individual in an equivalent, decision-making role.

26. Depending on the nature of the issue, the investigator may bypass the investigation committee / decision maker and present their report directly to a fitness to train panel or committee. This is likely to be appropriate for serious misconduct issues or convictions and should be defined in the local policy.

27. If the decision maker does not consider that there is sufficient evidence to call into question a student's fitness to train, the provider should deal with the student's behaviour in another way proportionate to the issue that has arisen.

28. If the investigation committee / decision maker considers the student's behaviour is serious or persistent enough to call into question their fitness to continue studying their approved qualification, they should refer the case to a fitness to train panel for an independent decision.

29. They should do this even if there are mitigating factors such as disability or health issues.

Potential outcomes for the investigation committee / decision maker

30. There are likely to be a number of possible outcomes from the investigation including, but not limited to:

    a. concluding the matter with no further action
    b. further training
    c. agreeing undertakings
    d. issuing a warning
    e. suspension, pending further enquiries
    f. referring the matter to a fitness to train panel
    g. referring the matter to us

31. As well as a fitness to train process, providers may also have other disciplinary or misconduct procedures in place such as those related to academic misconduct, and it may be appropriate to refer the student accordingly.

32. Students may be subject to both fitness to train and other misconduct proceedings at the same time. Where this happens, providers should -

    a. ensure students are aware of the different processes that they may be subject to,
    b. provide information to students about the distinct purposes of different processes, and the different outcomes possible,
    c. sequence the two processes so that an individual is not facing the same allegation simultaneously as part of more than one separate process,
    d. usually consider fitness to train after other investigations have concluded; for example, a concern or initial investigation about academic misconduct or an issue arising out of a placement may trigger consideration of an individual's fitness to train.

Stage 2 – fitness to train panel / committee

33. The role of the committee or panel is to make an independent decision on the student's ability to continue their training without restriction, based on the evidence gathered and presented to them by the investigator. The committee or panel should take into account the balance between patient and public safety, the interests of the student, and the need to maintain trust in the profession.

34. Committees or panels must consider the specific details and circumstances of each case and make decisions on the balance of probabilities about whether the facts of the case have been proven or not. They must then use their judgement to determine whether the student's fitness to train could be impaired.

35. Committee or panel members should have appropriate understanding and experience to perform their role and receive training on the specific requirements of it. There should also be a clear description of the requirements of the role which is kept under review and made available to all parties.

36. Committees or panels may comprise of senior academic staff, a registrant academic or practitioner(s), academic staff from other disciplines and lay personnel. They must not be connected to the student or their programme of study. Where appropriate, panels may be supported by reports from qualified legal or health practitioners.

37. Panellists must

    a. be fair-minded and willing to hear the full facts of the case before reaching a decision,
    b. know and understand the rules and regulations of fitness to train and the disciplinary matters at the provider,
    c. be prepared to seek appropriate expert advice, especially in cases involving health or impairment issues,
    d. make sure fitness to practise proceedings are fair and proportionate.

38. There are a number of possible outcomes from a student fitness to train hearing / committee:

    a. the student has sufficiently addressed any concerns relating to health or conduct and poses no risk to patients or the public, nor any risk to undermining the public's trust in the optical profession.
    b. the student behaviour has significantly departed from expected standards but not so far to restrict them from continuing to train without restriction. The committee or panel may consider it appropriate to issue the student with a warning which should give details of the behaviour giving rise to the concern and the consequences of any similar behaviour.
    c. the student has not demonstrated they are fit to continue training without restrictions, in which case the committee or panel needs to consider any mitigating or aggravating factors when deciding an appropriate outcome or sanction. Any sanction should be proportionate to the student's behaviour and deal effectively with the fitness to train concern.

39. Outcomes / sanctions should be considered from the least severe, moving forward only if the lesser outcome or sanction is not considered sufficient. They may include:

    a. no further action
    b. a referral to occupational health
    c. conditions or undertakings
    d. transfer to another qualification
    e. suspension from the qualification*
    f. expulsion from the qualification*

    *Where suspension or expulsion is reached, the provider must consider whether an urgent referral to us is required.

40. The committee or panel should set out in writing the outcome of the hearing (the determination). This document should give detailed reasons about why the committee or panel came to its decision. The determination should include the details of any sanctions imposed, the reasons for them and any relevant timescales and mechanisms for review.

41. There should be a clear, formal appeals process. Providers should make sure students are aware of their right to appeal against decisions of the fitness to train panel, and of the process for doing this.

42. We require any registrant who has been through a formal fitness to train or disciplinary procedure to declare this on their application for registration / renewal, regardless of the outcome. The committee or panel should include information about this requirement in the outcome letter.

43. If the matter is referred to us, as part of their assessment we may request evidence from the provider that any undertakings or conditions have been completed and appropriately monitored and reviewed.

44. Providers must ensure that they retain all hearing documentation for a minimum of three years, or in accordance with their local retention schedules, whichever is the greater.

Stage 3 – appeals

45. A provider's fitness to train (appeals) procedures must be available to all students and clearly state the scope and process for submitting an appeal. Appeals policy documents should include, among other things, details on

    a. the grounds under which an appeal can be considered
    b. the timescale within which an appeal can be submitted
    c. the student's right to representation
    d. whether appeal hearings can reconsider the facts of the case or are limited to deciding whether due process was followed
    e. limiting the appeal panel's role to referring the case back to another fitness to train hearing

f. the composition of appeal panels, taking on board the advice in this guidance on panel composition and training
g. information on where the student can refer their concern to if they are unhappy with adherence to the internal process or the outcome.

46. In relation to any given case, there should be no cross membership of a hearings panel and an appeal panel. The original investigator and decision maker(s) concerned must not be a member of the appeal panel.

47. Subject to the providers' broader guidance, appeals against the decision of the fitness to train panel may not be considered unless:

a. there is new information that has not previously been considered which makes such a review necessary in the interests of fairness,
b. there is evidence of a procedural irregularity or failure that, but for, that irregularity or failure, the decision may have been different,
c. there is information suggesting that the finding or sanction is disproportionate to the information review.

48. The appeal process should proceed without unreasonable delay. Timescales should be laid out in local policies and should be adhered to unless there are exceptional reasons why they cannot be. In these circumstances, the student should be provided with a reason in writing, and a revised timetable set.

49. This will give the provider sufficient time to notify us of any concern that may require regulatory intervention and ensure that we can consider whether to open a formal investigation while the student remains registered with the provider.
The notification should be fast-tracked to the fitness to practise triage team at ftp@optical.org and followed up by a telephone call to advise of the concern.

50. The committee will wish to consider if any sanction should be suspended pending the outcome of any appeal.

51. The appeal panel should be independent of the original committee or panel but with a similar constitution.

52. The appeal panel will not reconsider the facts that have already been determined. They should consider the written submission(s) to determine whether one or more of the grounds for appeal expressed in paragraph 46 have been satisfied.

53. If so, they may decide;

a. To reject the appeal and uphold the decision of the original panel.
b. To accept the appeal and;
    i. Refer the issue back for a new student fitness to practise panel to consider the matter in full
    ii. To make a recommendation to the original panel in order to address the matters giving rise to the appeal or whether the matter should be re-heard by a new panel

54. The decision of the appeal panel will be the final stage in the provider's appeal process.

Referrals to the GOC – applying the Acceptance Criteria

55. Where an initial investigation and or student fitness to train hearing raises concerns that are considered so serious that there may be an impact on broader public protection, the reputation of the sector, or is otherwise in the public interest, Section 2 of the Acceptance Criteria ('AC') should be considered for information about the complaints that may be accepted by us.

56. In relation to concerns about a student's misconduct, any convictions and cautions received, or to their adverse physical or mental health, the acceptance criteria provides a non-exhaustive list of allegations that are unlikely to result in a formal investigation. This includes, at 2.9.4,

> *'concerns that have been appropriately addressed at local level and regulatory intervention would be disproportionate'.*

57. Convictions resulting in a custodial sentence, whether suspended or immediate, must be referred to us immediately. as the Registrar is under a legal obligation to refer these directly to our Fitness to Practise Committee.

58. Our triage function will apply the AC to all new concerns. In the case of student referrals, we will usually make a decision on whether to open a formal investigation within four weeks of receiving all of the relevant information.

59. The Standards for Optical Students set out the expected standards of behaviour and performance of all registered student optometrists and student dispensing opticians. Standard 18 refers to the duty of candour which requires students to *'be open and honest… with relevant organisations'*. While the Standards do not expressly require a student to refer themselves to us for any fitness to train investigation outside of the annual registration / renewal period, students should be encouraged to consider self-referring in line with these expectations.

Health conditions

60. Students are expected to behave as responsible professionals throughout their education and training and providers must make reasonable adjustments for students with a disability or health concern to allow them to achieve the outcomes required. Reasonable adjustments should reflect the requirements of the Equality Act 2010 in GB or the Northern Ireland Act 1998 Part VII Equality of opportunity Section 75 in NI.

61. Although adjustments cannot be made to the requirements for the outcomes, reasonable modifications to the circumstances under which assessment is taken can be made. In exceptional circumstances an alternative form of assessment may be provided, if suitable.

62. We would not expect students with a disability or health concerns to be more susceptible to having their fitness to train called into question. Where there are concerns, these tend to be because an individual shows a lack of insight into the

impact of their disability or health condition and/ or does not take the necessary action(s) to manage the condition resulting in an increased risk to patient safety.

63. In most cases, health conditions and/or disabilities will not raise fitness to train concerns, provided the student receives the appropriate care and any reasonable adjustments necessary to study and work safely. Providers should offer ongoing support and regular reviews of the student's progress and encourage all students to register with a local GP (and other healthcare professionals as appropriate), who will be able to offer them support and continuity of care.

64. An appropriate service at the provider should assess and advise on the impact of a disability or health concern on any student's fitness to train and, where appropriate, advise on reasonable adjustments. They should not usually become involved in treatment or pastoral care.

65. Very occasionally, a chronic or progressive health condition may mean it is not possible for a student to meet the outcomes required for the approved qualification in spite of the reasonable adjustments that have been put in place. If a student cannot demonstrate the necessary competencies and all options for support and adjustments have been explored without success, it may be necessary to begin formal fitness to train procedures.

66. Providers should make sure there are transparent and appropriate processes to help members of staff and providers of student healthcare to raise concerns about optical students. For example, where applicable, it may be appropriate to use the occupational health service, student support services, or a named academic or administrator as the first or only point of contact.

67. Any exchange of confidential information should be in the best interests of protecting patients and the public and should, wherever possible, be with the knowledge and consent of the student in question. There may however be situations where this is not possible, for example where it is necessary to share information without express consent in order to ensure the safety or wellbeing of the student, peers, staff members or the public, and difficulties arise due to the incapacity or adverse health of the student.

68. If you are unsure of whether or not to refer a student to us, please contact our Triage team:

Email: ftp@optical.org

In writing: FTP Department, 10 Old Bailey, London, EC4M 7NG

Section Three: **Quality Assurance and Enhancement Method**

Introduction

Our **Quality Assurance and Enhancement Method** describes how we will gather evidence to decide whether a qualification leading to registration as either a dispensing optician or an optometrist meets our Outcomes for Registration and Standards for Approved Qualifications, in accordance with the Opticians Act.

We will use the **Outcomes for Registration, Standards for Approved Qualifications** and **Quality Assurance and Enhancement Method** together to decide whether to approve a qualification leading to registration as a dispensing optician or an optometrist.

The design of our new quality assurance and enhancement method supports our outcomes-orientated approach. It moves away from seeking assurance that our requirements are met by measuring inputs to an emphasis on evidencing outcomes. This is very much in line with approaches taken by other statutory healthcare regulators, professional and chartered bodies.

The method does not attempt to describe every permutation of assurance and enhancement. Instead, it establishes a proportionate framework for gathering and assessing evidence to inform a decision as to whether to approve a qualification or withdraw approval of a qualification. The method sets out our arrangements for periodic, annual, thematic, sample-based reviews, as well managing serious concerns and the type and range of evidence a provider of an approved qualification might consider providing to support this process.

Underpinning our approach is a greater emphasis on the views of patients, service users, the public, commissioners and employers, as well as the views of students and previous students in the evidence we consider. This is to ensure the qualifications we approve are responsive to the rapidly changing landscape in the delivery of eye-care services across the United Kingdom as well as the needs of patients and service users. Higher Education access the United Kingdom is also undergoing rapid change, not least as a result of the COVID-19 emergency and coupled with increased expectations of the student community and their future employers, we are sensitive to the demands of the context of delivery of approved qualifications.

The method is organised in seven sections:

1. Legal basis for quality assurance and enhancement
2. Quality assurance and enhancement - definitions
3. Geographic scope
4. Arrangements for current (pre-2021) providers of approved and provisionally qualifications
5. Approval of new qualifications (from 1st March 2021)
6. Periodic, annual returns, thematic & sample-based reviews
7. Decision making

Quality Assurance and Enhancement Method

1. Legal basis for quality assurance and enhancement

Our powers to undertake quality assurance and enhancement are described in Sections 12 and 13 of the Opticians Act 1989 (as amended 2005). The act requires the GOC to approve qualifications 'granted to candidates following success in an examination or other form or assessment which in the Council's opinion indicates that the candidate has attained all the competencies' and appointing visitors (which we call 'Education Visitors') to report to the GOC on the 'nature of the instruction given,' the 'sufficiency of the instruction given' and 'the assessments on the results of which approved qualifications are granted' as well as 'any other matters' that the GOC may decide.

The act also gives powers to the GOC to approve 'any institution where the instruction given to persons training as opticians appears to the Council to be such as to secure to them adequate knowledge and skill for the practice of their profession.'

Under section 8(1) of the Opticians Act 1989 (as amended 2005) 'a person' with an approved qualification 'granted to him after receiving instruction from one or more of the institutions approved' and 'adequate practical experience in the work of an optometrist or dispensing optician' is entitled to be registered in the appropriate register.

2. Quality assurance and enhancement - definitions

Quality assurance provides assurance that the qualifications we approve meet our requirements in accordance with the Opticians Act for *'adequate knowledge and skill' (*Section 12(7)(a) OA), as described in our 'Outcomes for Registration' and 'Standards for Approved Qualifications.'

A quality enhancement process goes further than establishing that minimum requirements 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 and enhance the quality and responsiveness of provision to meet the needs of patients, public and service users.

3. Geographic scope

In addition to approving qualifications in the UK the GOC may receive applications for qualification approval from outside the United Kingdom, provided that these qualifications are taught and assessed in either English or Welsh. Assurance and enhancement activity undertaken outside the United Kingdom will be charged for on a full cost recovery basis.

4. Arrangements for current (pre-2021) providers of approved and provisionally qualifications

From March 2021 we will begin working with each provider of GOC-approved and provisionally approved qualifications to understand at what pace providers will wish to adapt their existing qualifications or develop new qualifications to meet the Outcomes for Registration and Standards for Approved Qualifications.

We anticipate most providers will work towards admitting students to approved qualifications that meet the outcomes and standards from the 2023/24 or 2024/25 academic year.

Some providers may, in consultation with the GOC, agree a later start date. Separate arrangements will be made with the College of Optometrists and ABDO Exams to ensure that for students who graduate from qualifications approved before 2021, their route to GOC registration is maintained.

Providers of currently approved qualifications and provisionally approved qualifications will have three options in adapting their existing qualifications or developing new qualifications to meet the 'Outcomes for Registration' and 'Standards for Approved Qualifications:'

a. Adapt an existing approved or provisionally approved qualification and seek approval (as a course change) to a timescale agreed with us;

b. 'Teach out' an existing approved qualification or provisionally approved qualification to a timescale agreed with us, alongside developing, seeking approval for and recruiting to a 'new' qualification (using process described below);

c. 'Teach out' an existing approved qualification or provisionally approved qualification to a timescale agreed by us and partner with another organisation(s) or institution(s) to develop, seek approval for and recruit to a 'new' qualification (using process described below.)

Providers may, in consultation with the GOC, agree to migrate students from an existing approved or provisionally approved qualification to the 'new' qualification.

During the transitional phase, the Quality Assurance Handbooks for optometry (2015) and dispensing opticians (2011), including the list of required core-competences, the numerical requirements for students' practical experiences, education policies and guidance contained within the handbooks, and our policies on supervision and recognition of prior learning will apply to all existing (pre 2021) GOC approved and provisionally approved qualifications during the teach out or migration phase. The expectation is that students on existing approved qualifications 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.

5. Approval of new qualifications (from 1st March 2021)

For qualifications not currently approved by us, we will consider applications for approval in accordance with the risk-based staged approach described below.

For qualifications already approved by us, please see the section 4 above, called 'Arrangements for current (pre-2021) providers of approved and provisionally qualifications.'

The number, frequency and specification for each stage for approval of new qualifications will vary depending on the proposed qualification's risk stratification, which, broadly, can be summarised as;

a. Lower risk A new qualification developed by an existing provider of approved qualifications or provisionally approved qualifications (option b. in section 4, above.)

b. Medium risk A new qualification developed by a provider in a partnership or contractual arrangement with one or more organisations or institutions, one or more of which may have experience of awarding a qualification approved by us.

c. Higher risk A new qualification developed by a provider with limited or no experience of awarding a qualification approved by us.

All new qualifications not currently approved by us applying for GOC approval on or after 1st March 2021 will be expected to meet the Outcomes for Registration and Standards for Approved Qualifications in accordance with the following stages:

Staged approach to qualification approval *(For approval of new qualifications)*

Stage One. Initial proposal for the proposed qualification. This stage will explore the strategic intent for the proposed qualification, the rationale for its design, its proposed approach to integration and resourcing, the provider's corporate form and management, and how the views of stakeholders, including patients, servicer-users, employers, commissioners and the public will inform the development, teaching and assessment of the proposed qualification, the draft business case and an outline of the investment necessary to ensure its success, and identification of key risks. The evidence to support stage one will normally be a written submission, based on the evidence framework, and supported by a meeting with us (at our offices or virtually) if necessary. Stage one may be repeated, particularly for applications stratified as medium or higher risk, until there is confidence the outcomes and standards are on course to be met and the provider is ready to move onto stage two. The output of stage one will be a report to the provider which may or may not be published.

Stage Two. Stage two will examine the proposed qualification design and its resourcing in more depth (including, for applications stratified as medium or higher risk, investment in key appointments and infrastructure made between stage 1 and stage 2). This stage will consider the business case, investment and proposed pedagogic approach, the development of learning, teaching and assessment strategies, the involvement of patients, servicer-users, employers, commissioners and the public in qualification design, delivery and assessment, and preparedness for delivery for the first cohort of students. By the end of stage two all arrangements with partners (if required) will be in place, as will the investment necessary to ensure the qualification's successful implementation. The evidence to support stage two will normally a written submission, based on the evidence framework, and supported by a meeting with us (at our offices, on site or virtually) if necessary. Stage two may be repeated, particularly for applications stratified as medium or higher risk, until there is confidence the outcomes and standards on course to be met and the provider is ready to move onto stage three. The output of stage two will be a report to the provider which may or may not be published.

Stage Three. The purpose of stage three will be to assess the readiness of the provider to begin recruiting students as an *'approved training establishment'* under Section 8A(2) of the Opticians Act 1989.[11] The focus will be on detailed curriculum and assessment design, approach to recruitment and selection of students and preparedness to commence delivery of the approved qualification. Stage three will confirm that the resourcing of the qualification, as described in stages one and two, is in place (including, for applications stratified as medium or higher risk, investment in key appointments and infrastructure made between stages two and three). By stage three the provider will also be expected to evidence good progress in implementing plans approved at stage two. As stage three represents a higher

[11] The approval of an provider as an 'approved training establishment' under Section 8A(2) of the Opticians Act 1989 is for the sole purpose for students studying on the qualification applying for GOC approval can register with the GOC as student registrants. It confers no further rights to the provider and must not be portrayed as such.

risk to GOC in terms of its decision-making, the evidence to support stage three will normally be written submission, based on the evidence framework and an on-site (or virtual) visit may be based on the format of a periodic review. The specification of the periodic review required will be informed by the qualification's risk profile. Stage three may be repeated, particularly for applications stratified as medium or higher risk, until there is confidence the outcomes and standards are likely to be met and the provider is ready to move onto stage four. The output of stage three will permission to commence recruiting students to the new qualification as an *'approved training establishment'* under Section 8A(2) of the Opticians Act 1989 (see footnote) Provides are reminded that the qualification is not approved until a decision of Council is made at stage 5, and to ensure recruitment & advertising material conforms to our standard conditions of approval.

Stage Four (a,b,c, etc.). Stage four is repeated each year until the first cohort of students, or students migrated across into the programme, reach the final year's study. The focus of stage four is on the delivery and assessment of the integrated qualification, including its staffing, resourcing and infrastructure, risk mitigation and progress in implementing plans approved at stage two, alongside preparedness for the delivery for the next, and most importantly, final, academic year. At stage four patient, servicer-user, employer, commissioner and public engagement in qualification delivery, assessment and review is expected, along with evidence of an increasing volume of inter-professional learning and patient-facing learning and experience as student's progress through the qualification. At each stage four (a, b, c, etc.) the provider's preparedness for, and implementation of, its plan for the integration of patient-facing learning and experience will be examined, as well as its reflections on implementing plans approved at stages two and three, and any changes it proposes to make to the qualification as a result of student and stakeholder feedback. As stage four represents a higher risk to GOC in terms of its decision-making, the evidence to support stage four will normally be written submission, based on the evidence framework and for applications stratified as lower risk, a meeting with us either on site or at the GOC's offices (or virtually if necessary). For applications stratified as medium or higher risk, an on-site (or virtual) visit may be based on the format of a periodic review. As at other stages, four may result in conditions being imposed, which can include halting recruitment for one or more cohorts, until there is confidence the outcomes and standards are likely to be met and the provider is ready to move to stage five.

If a provider is asked to halt recruitment and/or if the decision is that there is no confidence the provider is ready to move to stage five, the provider may cease to be an *'approved training establishment'* under Section 8A(2) of the Opticians Act 1989 and/or may cease to be considered for GOC approval, and students will not be eligible to register as either an optometrist or a dispensing optician. In these circumstances, the provider must inform the GOC how the interests of students currently studying on the qualification will be best served, either by transferring to an alternative provider or by being offered an alternative academic award; any costs incurred will be the responsibility of the provider.

The output of stage four will be a report to the provider which may or may not be published. (Providers are reminded that the qualification is not approved until a decision of Council is made at stage 5, and to ensure recruitment & advertising material confirms to our standard conditions.)

Stage Five. Stage five is considers an approved qualification's ability to meet the outcomes and standards. It is the final stage of the process and takes place in the academic year in which the first cohort of students, or students migrated across into the programme, reach

their final year of study. The evidence to support stage five will normally be a written submission, based on the evidence framework, alongside a periodic review and our attendance at the provider's final examination board (or equivalent). The specification for the periodic review will be based on the evidence framework and the risk stratification of the qualification, which includes factors such as, but not limited to; the results of stages one to four, discharge of previously applied conditions and/or any serious concerns reviews and will include a sample-based review of the outcomes. The prime purpose of a stage five periodic review is assurance, i.e., whether our outcomes and standards are met. Depending on whether the application is stratified as lower, medium or higher risk, the periodic review may be desk-based, involve an on-site visit or visits, and/or physical or virtual meetings.

A decision by Council as to whether to approve the qualification will rely upon its consideration of the evidence gathered during stages one to five and will be informed by the advice of the Education Visitors. If the decision of Council is to *approve* the qualification (with or without conditions), the decision will specify the date from which the qualification is approved from (normally the date of the examination Board for the first graduating cohort of students). The duration of qualification's approval may be limited if necessary, according to its risk profile.

The staged process for approving a new qualification is advisory until Council decides whether to approve the new qualification. This must be made clear to all students and applicants until the qualification is approved by GOC Council.

6. Periodic, annual, thematic and sample-based reviews

Four methods of assurance and enhancement will together provide insight as to whether a qualification meets our outcomes and standards;

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

Periodic Review. All approved qualifications and qualifications applying for approval will be subject to periodic review. Periodic review considers an approved qualification's ability to meet or continue to meet the outcomes and standards. It may be desk-based, involve an on-site visit or visits, and/or physical or virtual meetings. The frequency and focus of a periodic review will be informed by the risk profile of the qualification, which includes factors such as, but not limited to; the results of annual returns, thematic and sample-based reviews, discharge of previously applied conditions and/or serious concerns review. The specification for a periodic review will be based on the risk profile of the qualification. The prime purpose of a periodic review is assurance, i.e. whether the standards and outcomes are met.

Annual Return. All approved qualifications must submit an annual return, a key part of our assurance method. The specification for the annual return will be published along with the timeframe for the annual return by the GOC from time to time. Failure to submit an annual return may contribute to the decision to refuse or withdraw a qualification's approval. Information submitted as part of a qualification's annual return will inform our risk stratification, the timing and specification of periodic review and the basis for our thematic

and sample-based reviews. A summary report of annual returns may be published by GOC from time to time.

Thematic and Sample-based Reviews. Thematic and sample-based reviews will be a key part of our enhancement method, providing evidence of the *'nature'* and *'sufficiency'* of approved qualifications and their assessment. They are both an assurance and an enhancement activity. Their focus is to draw out key themes, identify and share good practice and address risk in an approved qualification or a group of approved qualifications, such as on a profession-specific/ regional/ national and/or UK basis. All approved qualifications must participate in thematic and sample-based reviews if required. The specification for a thematic review will be based on the criteria contained within the standards and published along with the timeframe for participation by the GOC from time to time. The focus of sample-based reviews will be the outcomes; to better understand how an outcome is introduced, developed, assessed and integrated within an approved qualification, how a student's achievement of the outcome at the right level (at Miller's triangle) is measured and the pedagogic approaches underpinning its teaching and assessment. Like thematic reviews, the specification for a sample-based review will be published along with the timeframe for participation by the GOC from time to time. Sample and thematic reviews may be undertaken as part of a periodic review or undertaken directly by GOC and/or co-commissioned by an external contractor. Alongside annual review, thematic and sample-based reviews will inform our risk stratification of approved qualifications and the timing and focus of periodic reviews. A summary report of thematic and sample-based reviews may be published by the GOC from time to time.

7. Scope of Evidence

Demonstrating that the outcomes and standards are met should not be unduly onerous, and guidance is given below on the type of evidence a provider may wish to provide. In many cases, this evidence should be readily available standard institutional documentation which either provides context, such as published institutional-level policies, or qualification-specific information used at programme level by staff, students or stakeholders. Whilst we anticipate that the majority of evidence sources will be generic, some evidence may, by necessity, be bespoke to support engagement with this assurance and enhancement method. However, wherever possible we will limit the requirement for bespoke evidence (for example programme mapping); and will continue to do this to ensure our assurance and enhancement method is not overly burdensome for providers and is proportionate to the decisions we need to make.

Providers are encouraged to have an early conversation with our education team to ensure appropriate application of our standards given the context, duration, location or size of a qualification, for example, for qualification awarded by specialist institutions or higher education providers outside the UK.

As an indication, evidence sources providers may like to consider including or referencing within their evidence framework template may include (but are not limited to):

In relation to the outcomes:

- Programme specifications, module descriptors, unit handbooks, module or unit evaluation reports, curricula, timetables, mapping of outcomes to programme specification, indicative documents/subject benchmarks, examples of teaching and assessment materials, etc.

- Description of assessment strategy and approaches to standard setting, copies of academic regulations and policies for the quality control of assessments, examples of assessment schemes, mark sheets, model answers, etc.
- External examiner reports and evidence of responses to issues raised, reports from internal and external moderators/ verifiers, copies of external examiner/ internal and external moderator/ verifier recruitment, retention and training/support policies, examination board terms of reference, minutes, etc.
- Student feedback, and evidence of responses to issues raised.
- Evidence of stakeholder engagement and feedback, including from patients and carers, in qualification design, delivery and assessment, and evidence of responses to issues raised.
- Description of facilities and resource utilisation to support the teaching and assessment of the outcomes, supervision policies, and safe practice, etc.

In relation to the standards:

- Information about the provider, its ownership, corporate form, organisation, leadership and lines of responsibility, evidence of the contractual relationships underpinning the delivery and assessment of the award of the approved qualification, service/local level agreements, agreements between stakeholders/ placement providers, management plans, etc.
- Information about the approved qualification, its credit load, length, form of delivery, type of academic award; evidence of internal or external validation/ approval by relevant awarding body, example certificate, programme management plans, diagrams, etc.
- Admission policies, admissions data, recruitment and selection information, application packs, RPL/APL policies, advertising and promotional activity, fee schedules, evidence of selectors' training in equality, diversity and unconscious bias, fitness to practise/train policies, etc.
- Evidence of engagement with service users, commissioners, patients and public, students and former students, employers and other stakeholders in qualification design, delivery and assessment, copies of relevant policies, stakeholder identification strategies, minutes of stakeholder engagement meetings/ events, feedback and evidence of responses/action to issues raised,
- Description of the providers quality control procedures at institutional and qualification level, evidence of responses to external examiner/ internal and external moderator reports, end of programme evaluations, NSS results, reports from other quality control or assurance bodies, and responses to issues raised, copies of student feedback, minutes of staff-student committees, and evidence of action in relation to issues raised, copies of examination regulations, examination board minutes, verification reports, etc; evidence of policies and their implementation in areas such as academic misconduct, adjustments, data protection, EDI, complaints, etc.
- Description of strategies for teaching, learning and assessment, including approaches to assessment design, standard setting, assessment tariff and assessment load, approach to integration; copies of placement contracts; supervision policies, evidence training of and feedback from placement providers, progression data, EDI data, etc.

- Evidence that there are mechanisms for securing sufficient levels of resource to deliver the outcomes to the required standards, including historic and projected resource allocation and review; evidence of physical and virtual learning resources, accommodation, equipment and facilities and assessment of their utilisation; copies of risk assessment and risk mitigation plans, etc.
- Evidence the staff profile can support the delivery of the outcomes and the student experience, including workload planning, staff CVs and staff deployment/ contribution to the teaching and assessment of the outcomes, staff/student ratios, copies of policies describing the training, induction and support for those supervising students, external examiners, expert patients and other stakeholders and evidence of their efficacy, etc.
- Any other evidence the provider may like to include to demonstrate its qualification meets our outcomes and standards.

A decision as to whether to approve a qualification or withdraw approval from a qualification will depend upon the evidence provided. For that reason, we rely on provider's responsiveness to provide the information we need to support our decision-making process.

Our decisions will be based upon a fair and balanced consideration of the evidence provided, using an approach based on the stratification of risk to decide which criteria within our standards and outcomes we will require provider's to evidence; how we will gather that evidence (the frequency and type of assurance and enhancement activity); how we will we consult our Education Visitors in the consideration of the evidence provided, and how this informs our decision-making.

7. Decision making

All decisions regarding qualification approval or withdrawal of approval or any other matter regarding approval of qualifications is the responsibility of GOC Council. The Council may delegate some or all of these decisions according to our scheme of delegation.

Decisions will be informed by the advice of our Education Visitors. In making its decision, Council, and those to whom the Council has delegated authority, may choose accept, reject or modify advice from our Education Visitors in relation to the qualification under consideration.

The Council, and those to whom the Council has delegated authority, may defer a decision in order to request further information/evidence from the provider, or to consult the statutory advisory committees and/ or Education Visitors, or seek other such advice as necessary.

Date of Approval

A decision to approve a qualification will include the date the qualification is approved from, which shall normally be the date of the final examination board for the first graduating cohort of students.

Standard conditions

Standard conditions will be applied to approved qualifications and qualifications applying for approval, and adherence to standard conditions will be monitored through periodic, annual and thematic sample-based reviews.

Conditions, recommendations and requests for information

As part of the assurance and enhancement process, conditions may be imposed, recommendations may be made and/or further information may be requested.

Conditions specified must be fulfilled within the stated timeframe to ensure the outcomes and standards continue to be met by the approved qualification.

Recommendations must be considered by the provider and action reported at the next annual review.

Information requested must be supplied within the stated timeframe. Failure to meet a condition or supply information within the specified timescale without good reason is a serious matter and may lead to the GOC conducting a 'serious concerns review' and/or withdrawing approval of the qualification.

Notifications of changes and events

An important standing condition of approval is the expectation that providers notify us of any significant changes to approved qualifications, their title or other events that may impact upon the ability of a provider to meet our outcomes and standards. Failure to notify us of any significant changes or events in a timely manner may lead to the GOC conducting a 'serious concerns review' and/or withdrawing approval of the qualification.

If we receive complaints, concerns and/or other unsolicited information about an approved qualification, or qualifications applying for approval, we will consider this information as part of our risk stratification of qualifications and in the timing and focus of our future assurance and enhancement activity.

Serious Concerns Review

We reserve the right to investigate any matter brought to our attention which may have a bearing on the approval of a qualification. When making the decision to progress to a serious concerns review, we consider factors such as, but not limited to:

- results of any assurance and enhancement activity;
- concerns regarding patient safety;
- evidence of significant shortfall in meeting one or more of the outcomes or standards
- evidence of significant shortfalls in staffing and/or resources;
- failure to meet a condition or provide information within the specified timescale.

A serious concerns review is a detailed investigation into the concerns raised about an approved qualification. Failure to co-operate with a serious concerns review or take action required as a result may mean that Council decides to withdraw its approval of the qualification.

Withdrawal

A provider may, by giving notice, withdraw its qualification from our assurance and enhancement process and GOC-approval. In these circumstances, the provider must inform us how the interests of students currently studying on the approved qualification will be best served. Withdrawal from our assurance and enhancement process does not preclude the provider from making a fresh application for qualification approval at some point in the future.

If, through assurance and enhancement (annual return, thematic and sample-based review and/or periodic review) a provider fails to demonstrate that their qualification meets our outcomes for registration and/or standards for approved qualifications, and/or does not co-operate with us in the discharge of our regulatory duties, we may decide to seek to withdraw our approval from the qualification. Should we decide to withdraw approval, we will follow the statutory process as outlined in the Opticians Act 1989 (amended 2005). In these circumstances, we will work closely with the provider, who retains responsibility for, and must act at all times in the best interests of students studying for the approved qualification.

Appeal

Providers have the right to appeal a decision to withdraw our approval of its qualification, in accordance with the provisions of Section 13 of the Opticians Act 1989. In the event that GOC Council decides to withdraw or refuse approval of a qualification (whether entirely or to a limited extent), an appeal may be made to the Privy Council within one month of the decision of Council being confirmed in writing.

ENDS