Response ID ANON-YFAQ-4JTR-N

Submitted to **Education and training requirements for GOC approved qualifications**
Submitted on **2020-10-19 16:49:14**

Introduction

1 What is your name?

Name:
Sally Gosling

2 What is your email address?

Email:
Sally.Gosling@college-optometrists.org

About you

1 Are you responding on behalf of an organisation?

Yes

About your organisation

1 On behalf of which organisation are you responding?

Please answer:
The College of Optometrists

2 Which of the following categories best describes your organisation?

Optical professional body

If you selected 'other', please specify:

Section Two

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

Yes

2 What impact, if any, will introducing the proposed 'Outcomes for Registration' have on the expected knowledge, skill and behaviour of future optometrists?

Very positive impact

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

Don't know

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

Yes

If you ticked 'yes' please tell us what you think is missing or should be changed.:
We welcome the planned shift from a set of prescriptive competencies to higher-level outcomes. We see this as better reflecting the nature of optometry practice and better supporting and enabling the profession's on-going development. In addition, it moves the way in which the threshold requirements for registration as an optometrist to be framed in a way that is more aligned with that of other regulated healthcare professions.

We welcome the range of professional capability areas that the draft outcomes reflect. This affirms the relevance of areas such as professionalism, service development and evaluation and engagement in evidence-based practice, to optometrists' professional practice and roles. At the same time, we think that it will be useful to review the order in which the individual sections of the outcomes are presented and the relative depth and detail into which individual sections and outcomes go.

A more logical ordering of the outcome categories could be as follows:
- Person-centred care
- Communication

- Clinical practice
- Ethics and standards
- Risk
- Leadership and management
- Lifelong learning.

Profession-specific distinctions
We are concerned that the draft outcomes do not make due distinction between the threshold requirements for registration as an optometrist and dispensing optician. This risks undermining the interpretation and practical application of the outcomes and eroding confidence in their fitness for purpose.

In developing the draft outcomes further to achieve this distinction, the model of the HCPC's standards of proficiency (equivalent to the GOC's draft outcomes) seems a useful model to consider. Generic standards of proficiency relate to the fifteen professions that the HCPC regulates. However, the distinctive nature of each profession's practice and therefore the requirements of that profession's pre-registration education is captured in profession-specific standards.

Issues with the current clinical practice outcomes

We have strong concerns that the clinical practice category of the draft outcomes is the least developed and most sparse. Again, we see that this carries risks in how the outcomes are understood and interpreted. In turn, there is a risk that sector confidence will not be established in the transition from GOC competencies to outcomes and the outcomes will not be seen as fit for purpose.

The reasons for our concerns are set out below.
- The clinical practice outcomes require substantive development to capture the key characteristics and requirements of optometry professional practice, but without detracting from the 'high-level' style of the outcomes.
- In part, this substantiation is needed to achieve due distinction between the professional practice of optometrists and dispensing opticians respectively.
- As currently drafted, the outcomes underplay the nature of optometry professional practice and risk future optometrists not being educated to meet changing population, patient, service delivery and scope of practice/role needs.
- The category of clinical practice outcomes makes insufficient distinction between the threshold requirements for registration as an optometrist and as a dispensing optician. Again, this risks the outcomes' credibility and currency, and work against building confidence in the outcomes' clear assertion of threshold requirements for safe, effective, independent practice at the point of registration.
- While we see the need for more substantiation, as set out in our recommendations below, we are concerned to avoid a reversion to the current competency-based approach; this would pose a significant risk to education providers being able to continue to develop programmes that respond to changing in population/patient needs, models of care and optometry scope of practice and developments in the evidence and technological advances.
- We therefore recognise the importance of achieving a careful balance between 'high-level' expressions of capability and providing sufficient specificity to provide clarity on requirements. We make further proposals below on how we think this balance can be achieved through the outcomes being underpinned by curriculum guidance.

Developing the clinical practice outcomes
Our specific recommendations for expanding the clinical practice category are below.
- Act as a first point of contact to patients on their eye health needs
- Investigate, diagnose and manage functional and developmental visual conditions and age-related conditions
- Dispense and advise on the safe and effective use of spectacles, contact lenses, low-vision aids and other ophthalmic appliances following an appropriate clinical assessment of individual patient need
- Make appropriate decisions on the management of ocular abnormalities and disease
- Monitor patients' condition and accurately identify their potential need for medical referral in a timely way, including when urgent or emergency attention is required
- Safely use ophthalmic drugs to facilitate optometric examination and the diagnosis and treatment of ocular disease.

Threshold level of the outcomes
As raised throughout the development of the outcomes, a missing element of the draft outcomes is an indication of the threshold educational level at which they should be delivered to meet patient, service delivery and practice needs safely and effectively at the point of registration. We welcome that project work to address this is now underway. However, it is essential that the work and findings of this project are thorough and robust and are then actively used to review how the outcomes are couched. Crucially, this needs to involve a careful review of the root active verbal phrases in each outcome to ensure that they capture the broad attributes required for practice, including in terms of their demands in the management of complexity, uncertainty and risk. In turn, the latter needs to take account of current and projected changes to optometry scope of practice and roles, such that future registrants are prepared for the demands involved and can meet patient care needs in safely, effectively and responsively.

Developing underpinning curriculum guidance
While we welcome the high-level nature of the draft outcomes in terms of the level of detail that they provide, we believe that the outcomes need to be underpinned by curriculum guidance, or a similar indicative content resource, that provides more detail on the outcomes' intended interpretation. We therefore strongly welcome this proposal in the GOC's draft outcomes document.

We believe that, as the College and UK professional body for optometry, we would be well-placed to work with other key stakeholders, including optometry university teams and employer representatives, to develop this curriculum guidance.

In leading the development of curriculum guidance, we would plan to review how the outcomes of the College's Higher Qualification professional certificates could appropriately be reflected and integrated into expectations of pre-registration education to reflect changing service delivery, scope of practice and workforce deployment needs.

We would expect the GOC's standards of education formally to indicate that the GOC would use the curriculum guidance in how it enacts it quality assurance and enhancement role and in implementing its outcomes for registration. Again, this model would have precedent in the established approach of other healthcare regulators (e.g. the HCPC).

The time needed to undertake both the levels project and to develop the current outcomes, including by moderating them against the findings and recommendations of the current level project should not be under-estimated. The timeframes for progressing and implementing the ESR need to reflect this. We expand on these points in our response to questions in Sections 2 and 3 and in our letter.

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

Very positive impact

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

Yes

If you ticked 'yes' please tell us what you think is missing or should be changed.:
The following should be addressed in the draft standards:

- S3.4 should also make reference to seeking feedback from students.

- S3.9 should more clearly refer to addressing the needs of students with a disability under the Equality Act (2010) through making appropriate reasonable adjustments to learning, teaching and assessment within a programme, such that individual students are not disadvantaged in developing their learning and demonstrating their fulfilment of the outcomes. The current wording is ambiguous.

- It is not clear why S3.14 specifies "at least 1600 hours/48 weeks of patient-facing professional and clinical experience". The evidence based for this needs to be explained, while it needs to be clear whether the GOC's focus is on the volume of students' experience or learning. Clearly the two are not the same. The approach taken has implications for the wording/interpretation of many other standards.

- It is not clear why S3.17 seems to indicate that the assessment of learning/fulfilment of the outcomes gained/demonstrated within professional and clinical experience should not be an essential part of a programme. This highlights the need to be clear on expectations on how the outcomes are assessed and the role of practice-based learning in how students' development towards and fulfilment of the outcomes is demonstrated.

- S3.18 should make clear that the analysis of equality, diversity and inclusion data and trends should be an integral part of programme review and evaluation.

- S5.2 should be developed to make clear that a provider should have an appropriate profile of expertise within a team to support the programme's development and delivery; i.e. rather than just having a focus on volume of staffing; the reference to benchmarking to comparable provision should also be reviewed, given the risks attached to this approach, with an emphasis placed on the imperative of a provider demonstrating that their SSR (as appropriate for different types of learning, teaching and assessment) is sufficient for resourcing a programme and ensuring its sustainability.

- S5.3 should highlight the need for policies and systems to ensure that a programme's development, delivery and review/evaluation is sufficiently informed by developments in research and evidenced-base practice and innovations in healthcare delivery and education, including through the staff team's active engagement in research, scholarly activity and service evaluation/quality improvement initiatives.

7 The 'Standards for Approved Qualifications' include a proposal to integrate what is currently known as pre-registration training within the approved qualification (which must be either a regulated qualification (by Qfqual or equivalent or an academic award listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies). What do you think the impact of this proposal will be on the expected knowledge, skill and behaviour of future optometrists and dispensing opticians?

Don't know

Please explain your answer. Please consider what potential improvements or barriers of integrating what is currently known as pre-registration training within the approved qualification for future optometrists and dispensing opticians could create.:
We have answered that we do not know because detailed work has yet to be done on the proposed integration of pre-registration training within the approved qualification to inform the ESR to this point. As expanded on in our response to questions in Section 3, it is imperative that detailed work is undertaken in this area before the ESR is completed and implemented. This includes to review appropriate lead-in time for any structural change to education provision.

We have progressed an approach to this integration working with individual HEIs to develop four-year Master's degree programmes that incorporate the College's Scheme for Registration within the degree programme and as an integral part of the academic programme/award. While these programmes have not been subject to detailed evaluation (and one is only in the second year of delivery). We would be concerned if the programme from which the GOC has removed its accreditation was deemed to be a fitting test of whether this model works.

We believe that a key, outstanding need that has to be addressed is a review of the required nature of practice-based learning within and for the optometry profession, underpinned by a thorough exploration of the relevant evidence base, pedagogy and innovations and best practice in this field. From this a new model of practice-based learning needs to be addressed before an appropriate approach can be developed relating to the most appropriate models of learner progression to meet the new threshold requirements.

Such an exercise also needs to involve all sector stakeholders and to appraise fully the funding implications of different models. We believe that the College is excellently placed to lead this activity, working in partnership with HEIs and employers. We expand on these points in Section 3.

Section Two: Information for Respondents

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

Yes

Section Three: Part A - Replacing Quality Assurance Handbooks

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

Yes

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

Strongly agree

Please explain your response:
The new resources, appropriately developed, should support optometry education's development and how it is quality assured by the GOC.

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

Don't know

Please explain your response:
It is not our role to answer this question.

Section Three: Part B - Standard 1

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

Agree – it should be both the GOC's Standards for Optical Students and Standards of Practice

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

Positive impact

Please explain your answer. Please consider what potential improvements or barriers of using the GOC acceptance criteria and related guidance in Annex A to the standards as a guide as to when a fitness to train matter should be reported to GOC could create. :
We see this standard as a logical and important part of ensuring that students' professional suitability is kept under review throughout a programme that leads to registration as an optometrist. This is in keeping with other programmes that prepare students for a regulated profession and particularly where the practice of that profession involves working with patients and others who may be vulnerable. In addition, we would expect programme delivery arrangements to include a positive promotion and nurturing of patient-centred professionalism, rather than simply including processes to address student conduct or behaviour when this comes into question.

We also encourage the GOC to review the appropriateness of retaining student registration or, prior to any review or change, promoting the use of education providers' own professional suitability/fitness to train procedures, such that appropriate-level action is taken at a local/provider level in a timely way, underpinned by a strong focus on professionalism and professional socialisation within programme design and delivery. Of crucial importance is to ensure that the public interest and patient safety are not put at risk by undue delay to fitness to train processes (as currently happens under GOC processes), while ensuring that processes are proportionate and have a due focus on learning in a safe environment, being open when things go wrong, and constructive learning when things go wrong.

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

No impact

Please explain your answer. Please consider what potential improvements or barriers this criterion could create for providers of approved qualifications and their students. :
As indicated in our response to question 2, it seems appropriate to review whether the GOC should retain its unique role of being the only healthcare regulator to

register students. A review of whether the current arrangements are in the public and patients' interest seems timely. This need to be combined with a stronger focus on education providers' role in developing learners' patient-centred professionalism and having proportionate, responsive procedures in place for managing learners' professional suitability and fitness to train as an integral part of their delivery of optometry education programmes. This focus seems a greater priority than retaining student registration and how S1.4 is couched. Such an approach would be more in line with the government's regulatory reform agenda.

4 Looking at the proposed standard 1 and supporting criteria, are our expectations clear and proportionate in your/your organisation's view?

No

Section Three: Part C - Standard 2

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

Please answer:
We see that the introduction of an English language requirement for overseas students whose first language is not English would be an improvement for all parties, and including as a way of upholding patient safety and supporting safe learner progression. The move would bring the GOC into line with other UK healthcare regulators and avoid current scenarios arising that issues with a learner's English language proficiency are not identified or addressed until a considerable length of time into their progression through a route to registration. This carries potential public interest and patient safety issues, as well as creating immensely challenging issues for learners themselves and for education providers and employers.

At a broader level, we recommend that a review is undertaken of how English language proficiency requirements are appropriately aligned and instigated. This includes from the point of university admission processes through to eligibility for full GOC registration and GOS Performers List registration, and with reference to broader requirements for the delivery of public-facing services (which most optometry services currently sit outside).

2 Looking at the proposed Standard 2 and supporting criteria, are our expectations clear and proportionate in your/your organisation's view?

Yes

Section Three: Part D(i) - Standard 3

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

Don't know

Please explain your answer. Please consider what potential improvements or barriers this criterion could create for providers of approved qualifications and their students.:
We see this requirement as a logical safeguard to assuring the quality of all education routes to registration, for all parties. Of parallel importance is that it is ensured, through the combined enactment of the outcomes, standards and QAE method that attention is paid to the depth and breadth of learning that any one route to qualification provides. In addition, it is essential that the level requirement set for approved qualifications is informed by a thorough review of the factors that need to determine the academic level required for safe, effective practice, taking account of changing needs.

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

Very positive impact

Please explain your answer. Please consider what potential improvements or barriers this criterion could create for providers of approved qualifications and their students.:
We see this criterion as being important to include in the standards, with the addition of a focus on inclusion. However, it is essential that the full scope of the criterion's meaning is expanded and made sufficiently clear. This is needed to reflect the following further dimensions:

- The collection and analysis of equality, diversity and inclusion (EDI) data to inform the evaluation and on-going review of an approved qualification

- Attention to EDI issues and trends relating to how programmes recruit, admit, support and assess learners

- Attention to and evaluation of the profile of population groups to whom programmes are promoted and from whom learners are recruited (including through

engagement in established HEI processes and measures for this purpose)

- Attention to EDI trends relating to learner progression

- Attention to how issues raised by all the above are considered and addressed by education providers through appropriate mitigation measures and engagement in wider EDI activities

- Attention to how population and patient needs are addressed within curricula and programme design and delivery, including through public and patient involvement in learner recruitment, programme design, delivery and evaluation, and learner assessment

- Attention to EDI issues in relation to staff recruitment, profile and development within programme teams.

Section Three: Part D(ii) - Standard 3

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

Positive impact

Please explain your answer. Please consider what potential improvements or barriers the criteria in Standard 3 could create for providers of approved qualifications and their students.:
We support the logic of the standard. However, the way in which the standard will need to be implemented will depend on how the outcomes are developed and refined and whether/how underpinning components are developed (i.e. the curriculum guidance and our proposal that guidance practice-based learning is developed; see our response to Section 1), and how the standards are implemented (see our response to Section 2).

Section Three: Part E - Standard 4

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

Positive impact

Please explain your answer. Please consider what potential improvements or barriers the criteria in Standard 4 could create for providers of approved qualifications and their students.:
This seems a logical approach to take, with the allowance apparently built into the proposal that would enable partnership-working between education providers. However, the approach's safe implementation and viability will depend on much more in-depth exploration of the cost, funding streams and infrastructure required to work effectively. This includes how an integrated approach to education programme design and delivery can be taken forward from the perspective of all stakeholders, including through a process of transition and appropriate lead-in time. This is essential for ensuring that the shift of approach will be in the public interest, uphold patient safety, and underpin service delivery, education provision and workforce supply, including from the perspective of financial viability and upholding quality.

Section Three: Part F - Standard 5

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

Positive impact

Please explain your answer, thinking about what potential improvements or barriers the criteria in Standard 5 could create for providers of approved qualifications and their students. :
We support the logic of the standard, given the significance of approved education provision having a secure place in providers' strategic and business plans and development and deployment of resources. However, the way in which the standard will need to be implemented will depend on how the outcomes are developed and refined and whether/how underpinning components are developed (i.e. the curriculum guidance and our proposal that guidance practice-based learning is developed; see our response to Section 1), how the standards are implemented (see our response to Section 2), and how the quality assurance and enhancement method is enacted (see our broader response to Section 3).

Particularly careful consideration will also need to be considered in how the standard is enacted during the time of transition from the GOC's current requirements for and approach to approving education provision and that proposed in the draft ESR resources, with due lead-in time for this transition to be safely enacted (see our response to Section 3).

In all the above, careful consideration will need to be given to the broader, strategic issues to do with how education provision is led and managed, including to ensure that the inter-dependencies with other provision is duly considered. This includes to ensure that optometry education provision is not considered in isolation, but in the context of broader healthcare education provision within an individual HEI to support, inform and enable inter-professional learning and teaching and facilitate multi-disciplinary team-working; how education provision is sufficiently informed by research activity and evidence-based practice; and that programme and curriculum design and delivery is informed by research, the evidence, best practice and innovative approaches to learning, teaching and assessment in healthcare and broader professional education.

Section Three: Part G(i) - Quality Assurance and Enhancement Method

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

Positive impact

Please explain your answer. Please consider what potential improvements or barriers the proposed quality assurance and enhancement framework could create?:
We see that a considerably developed approach to how the GOC enacts its QAE role from now will be positive step forward and should have a positive impact on how the regulator performs its education approval role. With the right focuses and the development of processes that focus on meaningful data-gathering and appraisal and consideration of the context in which education provision sits, the refinements should be positive. However, strong attention needs to be given to extent of the shift involved from how the GOC enacts its quality assurance role currently to a more risk-based and thematically-focused approach to QAE. The following will require particular consideration:

- Developing the GOC's in-house capacity, capability and infrastructure (including in relation to QAE best practice and data capture and analysis) to achieve and enact the shift involved

- Developing the GOC's EVP capacity, capability and support to enact its education approval and periodic review role very differently from now

- Ensuring that both the above elements are underpinned and informed by a depth and breadth of educational expertise (including in relation to the national and international evidence base for and best practice within effective learning, teaching and assessment in professional healthcare education and enacting proportionate, robust and meaningful QAE approaches)

- Ensuring that consistency is developed and achieved, as part of the shift of approach, to how education provision is considered and GOC decisions are made on its (re-)approval and within it periodic review

- Ensuring that the GOC's governance processes are robust and fit for purpose to oversee and enact a significant shift in how the regulator enacts its education approval and wider QAE role

- Ensuring that the onward evaluation, updating and refinement of the GOC's approach are informed by developments in the evidence base and changing best practice in QAE approaches (nationally and internationally).

Section Three: Part G(ii) - Quality Assurance and Enhancement Method Timescale

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

Very negative impact

Please explain your answer. Please consider, thinking about what potential improvements or barriers the proposed timescale have for providers in developing, seeking approval for and recruiting to a 'new' or 'adapted' approved qualification could create?:
We see the timeframe proposed for the ESR as wholly unrealistic for all stakeholders. A full appraisal must be done of a feasible timescale for enacting the positive elements of the ESR. This needs to explore and address what can form a realistic, safe pace and scale of change, including in the context of Covid-19 and wholly unresolved uncertainties to do with funding. The exercise also needs to identify which elements of the ESR are either not required to achieve positive change, or are not possible.

From this, a full proposal must be developed on what can form a tenable approach and safe timeframe for appropriate change. The proposal needs to include a realistic lead-in time for transition for all parties and provide assurance that the quality and security of optometry education, patient care and workforce supply can be maintained. More specifically, the appraisal and proposal need to do the following:

• Build on what currently works well, rather than progressing from an apparent assumption that wholesale change is either required or possible (this includes from the perspective of cost and funding for all key stakeholders, the infrastructure required to underpin sustainable change, and curriculum/programme design and delivery)
• Seek and address the views of all key stakeholders, including the profession, College, universities, employers, policy-makers (across the UK, university funding and service commissioning and delivery), current trainees and students, and patient groups; it would be wrong to present the current consultation as having done this
• Support and develop a collaborative, cross-sector approach that overtly recognises that the successful implementation of the ESR hinges on all partners' voice and engagement
• Progresses the above taking stock of current arrangements from a cost and funding perspective, including that optometry workforce supply currently rests on employer investment in a model that provides them with service delivery value and an established mechanism for workforce planning, development and deployment (including staff recruitment and retention) and pre-registration trainees receiving remuneration as they engage in their professional development (rather than being supernumerary learners who pay additional fees for their practice-based learning experience)
• Allow time for the current levels project to be completed with appropriate quality and rigour and for its recommendations to inform how the draft outcomes are developed and how the standards and timeframe for the ESR's implementation are progressed
• Take full account of the findings of the GOC-commissioned financial impact assessment of the ESR proposals
• Attend to how the quality and sustainability of optometry education is preserved, to meet patient need, learner needs and maintain optometry workforce supply, including during a period of transition
• Address how the GOC needs to develop its own capacity and capability (both staff and that of its education visitors) to enact its education approval role in a very

different way from now
• Address how the GOC can muster sufficient capacity both to 'run out' its current approach to enacting its education approval role while also developing its capability to enact an updated approach
• Set a timeframe that allows all the above to occur, while ensuring that the public interest and patient safety are upheld.

While we see much that is positive in the draft ESR outputs, and believe that their further refinement and carefully planned implementation can form an important foundation for the optometry profession's onward development, we have strong concerns about the pace at which implementation of the ESR is planned and the range and significance of issues that remain unresolved.

A longer timeline for progressing the ESR is essential both to realise the review's benefits and to avoid the review creating instability that will put patient care, education quality and workforce supply at significant risk. Appropriate time must be built in to enable the further development of the ESR outputs, address the funding and structural issues involved, and define a realistic timeframe for safe, effective implementation.

Section Four: Impact of our proposals

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

Don't know

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

Don't know

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

Please answer:
It is too early to say whether the proposals would have a negative or positive impact on certain individuals or groups. However, the risk that they would have a negative impact needs to be fully and carefully appraised, once there is greater clarity on how the proposals can and should be enacted. This includes to develop a full understanding of the proposals' costs and potential funding streams, including for individual learners, before any decisions on enactment are made and to avoid disadvantaging any particular groups.

A particular risk to be appraised is the potential for the proposals to mean that engaging with optometry education and to join the profession would become more expensive for individual learners, disadvantage particular groups and reduce how far the profession is representative of the population groups that it serves. This is a particular risk if practice-based learning were to be delivered on a different basis from now and in such a way that mean that learners would need to pay tuition fees for an additional year and that would not be remunerated, as now.

The risk appraisal therefore needs to involve developing a full understanding of the proposals' costs and potential funding streams, including for individual learners. Plans to enact the developed proposals, once clear, would need to include a detailed equality impact assessment to identify how issues could be addressed, including to ensure that equality, diversity and inclusion was fully addressed, monitored and evaluated in their implementation.

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

Don't know

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

Please answer:
It is too early to say precisely how the proposals will have a broader negative and positive impact on individuals and groups (beyond what we have said in our response to other questions), given the proposals' outline nature and uncertain means of delivery at this point. However, they have the potential to have a significantly negative impact if they are progressed without due consideration, appraisal and identification of how they need to be developed and enacted to ensure their safe, effective and timely implementation.

The approach taken needs to include a full risk and issues appraisal of the cost and funding implications of enacting the proposals for all parties (including future students, current education providers and employers and in each country in the UK), the structural and wider changes required to underpin the proposals' implementation, and the lead-in time required for changes to education design and delivery to be safely made. Without these steps being taken and a clear programme for implementing the changes in a viable, sustainable way – including in the context of the current global pandemic - there is a significant risk that the quality and sufficiency of patient care, service delivery, workforce supply and education provision will all be seriously compromised. In turn, this risks undermining the credibility and ability of the GOC to enact its education approval role.

Further information

1 Can we publish your response?

Yes

Equality, Diversity and Inclusion

1 Gender

Not Answered

2 Age

Not Answered

3 Sexual orientation

Not Answered

4 The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial long-term effect on a person's ability to carry out normal day to day activities. Do you consider yourself to have a disability?

Not Answered

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

Not Answered

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

Not Answered

7 Ethnicity

Not Answered

If you have selected 'other', please specify:

8 Marital status

Not Answered

9 Do you perform the role of a carer?

Not Answered

10 Religion/belief

Not Answered

If you have selected 'other', please specify: