



Sector Partnership for Optical
Knowledge and Education

Project 6

Fitness to train and
reasonable adjustments

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Project 6 – Fitness to train and reasonable adjustments

Executive summary

Project Six was launched at the SPOKE networking and collaborative writing event in January 2024 and considers the relationships between ‘Fitness to train’, reasonable adjustments and suspension of studies (in education settings) and the equivalent processes in employment settings.

Discussions focussed on how we can make sure that everyone, regardless of their background, is able to progress towards meeting the GOC outcomes without compromising patient safety. It is important to support those with disabilities and champion diversity and therefore inclusive course design and reasonable adjustments should be encouraged where possible. It is equally important to establish where the borderlines lie regarding patient safety – how much of a risk do different health (including mental health) conditions and disabilities present, and how do we get consistent decision-making about what constitutes a lack of fitness-to-train to become an optometrist or dispensing optician? Equally, what forms of adjustments to clinical practice are reasonable and what might compromise patient safety (e.g. extra time for more invasive procedures).

ETR increases responsibility for proactive management of matters relating to fitness to train towards qualification providers. Course teams need empowering to address these issues promptly and effectively, particularly where this may conflict with institution policy. The current lack of consistency between qualification provider institutional regulations is a particular risk because course teams are obliged to follow institutional policy unless it would contravene regulatory policy. There is the potential for differential treatment leading to claims under equality legislation, particularly where students from different institutions may be undertaking placement together.

Challenges and risks in decision-making

Discussions highlighted a range of live issues that sector representatives are managing that would require consideration during policy development. The narrative below summarises the themes identified during SPOKE network discussions, with reference to existing policy and guidance.

Robust systems and entry requirements

Question: Is there a requirement to evaluate the ability to become a registrant, prior to admission?

Challenge: Institutions need a robust system for managing fitness to train which must start at the pre-application stage, with clear entry requirements stipulating patient-facing clinical abilities.

Recommendations: Standardise entry requirements across institutions, ensuring all applicants are able to achieve basic clinical competencies, before admission. Include health assessment to ensure that students do not have conditions that would preclude them from practicing safely as well as assessing academic and clinical skills to establish whether students have the baseline skills needed to succeed. This standardisation should be overseen by a central body to ensure uniformity. It is important to ensure that the HEOPS guidance (1) (currently under review) reflects the needs of the optical professions and is followed by all institutions delivering registrable qualifications.

Mental health and undeclared issues

Question: *How should institutions manage students who fail to declare?*

Challenge: On occasion, students have a condition which is undeclared at the application stage but revealed later, often through personal tutor sessions. Mental health issues in particular, are prevalent among students, but there still remains a reluctance to make these known prior to entry on to the course. In addition, the nature of the conditions may mean that students are unaware, or undiagnosed. This presents difficulties in providing timely and appropriate support as well as a potential risk to patient safety. There is a need to establish clear, proportionate penalties (for failure to declare) whilst emphasising support and maintaining the integrity of the admissions process. [Stepchange: mentally healthy universities](#), calls on universities to see mental health as foundational to all aspects of university life. This framework highlights that universities have “a responsibility to the health and safety of students” and there is “an opportunity to identify those most at risk and intervene early.” It also sets out the need to “embed mental health support in all fitness to study/practise processes.” However, there is also a concern that if a student is signing declarations that are not honest, this presents a serious fitness to train issue. Whilst Outcomes 5.1 and 5.6 (2) require the student to demonstrate insight into the impact of their own wellness and health on patient outcomes, students will be undertaking patient-facing activities prior to assessment of these outcomes. Additional policy on the handling of ‘failure to declare’ is needed to mitigate this risk.

Recommendations:

Development of further guidance for institutions on;

- expectations of provision and communication around comprehensive mental health screening and support mechanisms from the application stage onwards
- occupational health sign-off before patient-facing activity is undertaken, in addition to the GOC declaration
- how to conduct investigations into non-disclosure, including details of expectations around penalties
- how providers can access timely GOC triage advice

Assessing new and chronic health conditions

Question: *Where a health condition emerges during the course, which might preclude someone from becoming a registrant, what does the GOC expect providers to do?*

Challenge: It is not unusual for a condition, such as anxiety, to emerge or worsen during a student’s time on the course. In these situations, it is crucial to assess the type of health condition and its long-term effects to determine if the student can meet the Outcomes for Registration and if so, what adaptations might be appropriate. Determining when a student’s condition is too severe to continue training is complex, particularly for conditions that worsen over time or are unpredictable in nature. The reliance on self-declared conditions further complicates this. It is difficult for providers to know which conditions or behaviours should trigger the suspension of patient-facing activities for the student.

Recommendations:

- Develop a mechanism by which providers can collaborate with the GOC on determining the outcome for complex cases in a timely fashion. This may require input from both the GOC education and registration departments. Ideally, processes for assessing existing conditions should be completed before the student is admitted to the provider’s course.
- Ensure the mechanism can also be applied to new and ongoing assessments of student health conditions, including identification of any potential issues and necessary accommodations or interventions (see also ‘mental health and undeclared issues’ above)
- Establish protocols for when a student’s condition necessitates immediate suspension or termination of patient-facing activities (in advance of a GOC fitness to practice triage decision – see also next section)

- Use case law from the above to develop exemplars of decision making that would allow or preclude progress to registration.

Fitness to Practise timelines

Question: Can the GOC provide additional guidance to enable providers to take consistent interim actions?

Challenge: GOC timelines for completing Fitness to Practise cases often take longer than the remaining time left for the student to complete their qualification. Should providers be empowered to take more affirmative action given these lengthy timelines? Some health conditions or mental health concerns may result in a risk to patient safety. Whilst Annex A of the Requirements for Approved Qualifications in Optometry or Dispensing Optics (2) provides some guidance on how to investigate fitness to train concerns, there is a lack of policy to inform when institutions should preclude a learner from interacting with patients. Furthermore, institutions may be reluctant to exclude or suspend students during the investigation process. Clear guidance is therefore required to empower course teams to prioritise patient safety over student retention.

Recommendations:

- Access to GOC advice and triage mechanisms that supports increased consistency amongst providers in precluding students from undertaking clinical practice and/or progressing on the course.
- The GOC increases clarity about processes for situations where a student may qualify before the GOC FtP investigation is concluded.

Confidentiality and data protection

Question: When should data sharing be obligatory?

Challenge: Given that course delivery typically involves two or more parties (institutions, employers, supervisors, patients, partner organisations, the GOC and students), with responsibility delegated from the qualification provider, what data-sharing should be obligatory, and how does it interact with GDPR and EDI obligations? There is a need for all involved to balance confidentiality with the need to inform other stakeholders, for example if a student has a serious mental health disorder or if reasonable adjustments have been agreed.

Recommendations:

- Improved guidance on the data that must be shared on the basis of legal obligations ensuring compliance with GDPR (3) and EDI obligations (4). This could include sharing expectations relating to content and coverage of contracts and data sharing agreements.

Academic Misconduct

Question: How can consistency of management of academic misconduct be achieved?

Challenge: Institutions already have systems for managing academic misconduct, but consequences and penalties vary between providers. For example, a student who has falsified records may be withdrawn from one institution but permitted to continue in another. It is currently unclear under what circumstances misconduct might be considered severe enough to impact Fitness to Train, such that students should be referred to the regulator. In addition, for serious offences, more clarity is required as to what would trigger suspension. As outcome consistency cannot be demonstrated in the presence of widespread variation, regulator guidance is considered to be necessary.

Recommendations:

- Standardise the process around the management of academic misconduct across institutions.

- The GOC should use the mechanism described in the “Fitness to Train Timelines” section, above, to ensure serious academic misconduct that invokes Fitness to Train concerns, when raised by institutions, is dealt with swiftly and equitably.

Reasonable adjustments

Question: When does an adjustment stop being reasonable?

Challenge: Institutions aim to adjust assessments and program delivery, to create an inclusive learning environment where all students, regardless of their disabilities, can fully participate and succeed, fostering a more equitable and diverse workforce. However, it is essential to ensure that any adjustments do not pose a significant risk to the health or well-being of the patient, or others involved and must not compromise the standards or safety protocols that protect patients and practitioners. If an adjustment or modification hinders a student’s ability to perform tasks correctly, timely or safely or, increases the risk of errors, results in delays in treatment or breaches in hygiene, providers should consider if it therefore becomes unreasonable and cannot be justified. Equally, as highlighted in the Equalities Act 2010 (4), adjustments to assessments must not alter the standard required nor provide an unfair advantage to those in receipt of them.

Question: *How do we establish consistent practice around reasonable adjustments?*

Challenge: There are currently significant inconsistencies between institutional policies on adjustments to assessment and delivery, and disparities in terms of how occupational health screening is conducted. There is a concern that this could lead to students choosing which institution to attend based on the reasonable adjustment or support offered. The current lack of consistency creates a particular risk where students are in contact with one another or undertake learning in the same setting.

Recommendations:

- Develop evidence-based principles for reasonable adjustments in practical assessments, outlining what should and should not be permitted, ensuring adjustments do not alter standards
- These should outline best practice, specific accommodations and procedures for assessing individual needs without compromising patient safety
- These should also indicate the limits of what is reasonable in the light of practicability (including technical and resource implications)
- Promote diversity by highlighting examples of professionals with disabilities who have progressed to practice successfully
- Provide mechanisms to enable providers to share experiences, best practice, challenges and successes in delivering a diverse and inclusive curriculum.

Assessment of communication outcomes

Question: How can the assessment of communication outcomes be adjusted without undermining them?

Challenge: Outcome 2. Communication - states that optical professionals must be able to recognise non-verbal cues (Standards 3, 4, 11, 12 and 13). The Equality Act 2010 states that it is important to “take such steps as it is reasonable to have to avoid the disadvantage” and in Part 6, Chapter 3 subsection 8 “the appropriate regulator must have regard to (a) the need to minimise the extent to which disabled people are disadvantaged in attaining the qualification because of their disabilities”. However, it should be noted that whilst reasonable adjustments may be applied to the assessment of a competence standard, the standard itself may not be adjusted.

Recommendations:

- The GOC provides a statement to confirm that, whilst it supports any reasonable adjustments to assessments that determine whether a student has met ETR outcomes, the outcomes themselves should be considered as competence standards and therefore may not be amended or diluted.

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