



THE COLLEGE OF OPTOMETRISTS

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Gareth Hadley
Chair of GOC Council

20th October 2020

Dear Gareth,

GOC consultation on draft ESR outputs

We are writing to share the College of Optometrists' key points in response to the ESR consultation. We have also responded via the online consultation survey, providing more in-depth and specific answers to the consultation questions. Our letter provides broad, overarching points and feedback on the three draft outputs of the ESR. We are responding both as the UK professional body for optometry and as an optometry education provider.

Overarching comments

- The draft ESR outputs have the potential to support the development of optometry pre-registration education and its responsiveness to changing patient, service delivery and practice needs.
- Further work is required on the draft outcomes to achieve due distinction between the requirements for registration as an optometrist and dispensing optician - particularly in the outcomes relating to clinical practice - and to define the threshold level for education for entry to each profession.
- The finalised outcomes need to be underpinned by curriculum guidance that is formally referenced and used in the GOC's approach to approving qualifications.
- The College has a central role to play in producing both curriculum guidance and expectations of practice-based learning, working with other stakeholders.
- Implicit assumptions within the draft education standards need to be made explicit and addressed; this is essential to establish how the positive features of the ESR can realistically and safely be delivered by building on what works well currently, and to avoid jeopardising optometry education, patient care and workforce supply by presuming that wholesale redesign is either possible or required.
- The findings of the financial impact assessment and the levels project must inform how the GOC finalises the ESR outputs and develops plans for the review's implementation.
- Plans for the ESR's implementation must be put on hold to enable the above and to take due account of the context and impact of Covid-19.
- The timeframe for implementation can only be set once all the above are addressed, a sustainable, costed model for updated optometry education's delivery has been developed, and assurance on funding streams has been secured.

Proposed outcomes for registration

We welcome the planned move away from a prescriptive, two-stage approach to defining the competency required for registration to a focus on outcomes that more appropriately capture the professional capability required for independent clinical practice. The move should support the profession's on-going development in the context of optometrists' expanding scope of clinical practice, contribution to new models of care and fulfilment of patient care needs.

However, as currently drafted, the outcomes do not provide sufficient clarity on the expected nature of pre-registration education to prepare learners for future optometry practice. The following needs to be done to develop the outcomes further:

- The substance and specificity of the clinical practice outcomes need to be strengthened (we have made particular recommendations on this in our consultation response)
- A clear distinction must be achieved in the outcomes between what is respectively required for registration as an optometrist and a DO
- The order in which the outcomes are presented and their relative weighting need to be reviewed, including such that the outcomes' presentation reflects their relative importance and significance to contemporary professional practice.

The outcomes must also be underpinned by more detailed 'curriculum guidance' that explains the required indicative content of pre-registration education. We see this as the most appropriate way of ensuring that the requirements of optometry pre-registration education are more fully captured and interpreted. Such guidance could more readily and regularly be reviewed and updated than the outcomes themselves. This dynamic process will be needed to be clear about how education provision should be developed in line with changes in population and patient need, scope of practice, developments in the evidence base and models of care, and technological advances.

The College is excellently placed to lead the development of curriculum guidance, working in partnership with other stakeholders. This includes university optometry teams, employers, the GOC itself, and other stakeholders in the optometry sector.

We welcome the GOC's commitment to co-commissioning an indicative content document. However, we seek assurance (subject, of course, to due sign-off) that the GOC will formally recognise such a resource and use it in considering programmes for regulatory approval.

In addition, it is essential that the current project to recommend the level at which the outcomes should be set for optometry and DO respectively is used to refine the draft outcomes to reflect the key characteristics of contemporary and future optometry (and DO) practice. This includes to capture the nature of complexity, uncertainty and risk that all optometrists need to be able to manage in their day-to-day practice from the point of full registration, as independent, accountable practitioners responsible for their decisions and actions. In turn, this needs to be reflected in the minimum academic level that is set for the design and delivery of optometry education to support future members of the profession meet the demands of professional practice.

Proposed standards for approved qualifications

We welcome the broad approach taken in the draft standards, with the planned move away from the prescriptive approach of the GOC's current quality assurance handbook.

We recognise that the standards say very little about the requirements of practice-based experience and learning within pre-registration education routes. While we see the logic of this, we believe that the standards' interpretation and implementation must be informed and underpinned by guidance on delivering safe, effective practice-based learning, including in how it is staged, supported and assessed to enable safe and effective learning progression and contributes to learners' fulfilment of the outcomes. As a basic principle, it needs to be clear whether the standards are focused on learners' practice-based experience or learning, with requirements framed in line with this.

Again, we see that the College is excellently placed to work with other stakeholders (including universities, employers and the GOC) to produce underpinning guidance in this area that builds on the evidence base, best practice and innovative thinking in optimising the quality and learning value of practice-based experience and assessment. As with the curriculum guidance to underpin the outcomes, we would expect the GOC formally to adopt and use the guidance in how it considers education provision for approval (again, subject to due sign-off).

We believe that there are several models that can fulfil the GOC's plan to achieve a stronger integration of academic and work-based components of optometry education, fulfil the principle of a single point of accountability for each route to registration, and build on what currently works well. These include the following:

- The College developing and updating the Scheme for Registration, such that the Scheme, appropriately developed and updated, can be integrated into individual academic awards, with universities acting as the single point of accountability for a complete pathway to registration (in line with existing models in which universities incorporate the Scheme into their delivery of a GOC-approved four-year Master's degree)
- The College acting as the single point of accountability, through securing Ofqual recognition and quality assuring academic awards, subject to the agreement of individual universities and securing GOC approval.

In line with the above, there is much to be gained from building on what is already established, including the Scheme for Registration. Conversely, we believe it is extremely high-risk to assume that the model of pre-registration optometry education can necessarily or easily be transformed to an approach that relies on wholesale programme re-design and for which there is no clarity about cost and no assurance that enhanced funding streams and infrastructure will become available. To make this assumption threatens to jeopardise optometry education, workforce supply and patient care. As shared with the GOC previously, our concerns on these points are compounded by the challenging, uncertain circumstances created by Covid-19 for both the higher education and optometry sectors.

Proposed QAE method and timeframe

We see the timeframe proposed for the ESR as wholly unrealistic. This is for all stakeholders and for the reasons set out above. A full appraisal must be done of a feasible timescale to enact 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 significant uncertainties regarding costs and funding. The exercise should also identify those elements of the ESR that are either not required to achieve positive change, or are not possible, taking account of current circumstances and unknowns.

A full proposal then needs to be developed for a tenable approach and safe timeframe for appropriate change, with a realistic lead-in time for transition for all parties and assurance that the quality and security of optometry education, patient care and workforce supply can be maintained. More specifically, a thorough appraisal and development of a full proposal will need to do the following:

- Identify and build on what currently works well, rather than progressing from an apparent assumption that wholesale change is either required or possible.
- 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 - the GOC's consultation on the draft ESR outputs cannot be deemed to have done this.

- Support and develop a collaborative, cross-sector approach, recognising that the successful implementation of the ESR hinges on all partners' active engagement, including from a country-specific perspective, and that optometry workforce supply currently rests on employers' investment in a model that also provides service delivery value, supports their workforce planning, deployment and development, and contributes to their staff recruitment and retention.
- 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 refined and how the standards and QAE method need to be interpreted.
- Take full account of the findings of the GOC-commissioned financial impact assessment of the ESR proposals, with recognition of the parameters of this exercise.
- Attend to the imperative of how the quality and sustainability of optometry education can be preserved, to meet patient need, learner needs and maintain optometry workforce supply, including during a period of transition and in the context of Covid-19 and its projected long-term impact on the higher education and optometry sectors.
- Address how the GOC needs to develop its own capacity and capability (in terms of staff, education visitors and governance and decision-making processes) to exercise 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 and develop its capability to exercise its role very differently.
- Set a timeframe that realistically allows all the above to occur, while ensuring that the public interest and patient safety are upheld.

In summary, 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 both 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. This is both to realise the review's benefits and to avoid its 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 cost, funding and structural issues involved; and define a timeframe for safe, effective implementation.

We seek assurance from the GOC that our concerns will be taken seriously and addressed.

Yours sincerely,



Colin Davidson
President



Mary-Ann Sherratt PhD MCOptom DipGlauc DipTp(IP)
Chair of the Board of Trustees

cc: Lesley Longstone, CEO of the GOC
Leonie Milliner, Director of Education of the GOC