

# **Preparing students for safe and confident practice in a changing optical sector**

**Education Strategic Review concepts and principles consultation**



## Publication of consultation responses

We would encourage named responses where possible, particularly from representative organisations so that we can reflect that the response is on behalf of members / stakeholders rather than an individual response.

Please tick here if you are happy for your response to be shared publicly: ✓

Your name or the name of your organisation: Optometry Schools Council

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Your email address: j.m.gilchrist@bradford.ac.uk

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Which category of respondent best describes you?

- Member of the public
- Optical patient
- Optometrist
- Dispensing optician
- Student – optometry
- Student – dispensing
- Optical business
- Education or training provider
- Optical professional body
- Other optical employer
- Healthcare regulator
- Other (please specify below)

## **GOC Education Strategic Review – Concepts & Principles**

### **Submission by James Gilchrist on behalf of Optometry Schools Council**

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**Are you replying on behalf of an organisation?** Yes

**Name of the organisation:** Optometry Schools Council (OSC)

**Your position:** Chair

**Nature of the organisation's work:**

Representing the University Schools of Optometry.

Optometry Schools Council includes the following optometry education providers:

Anglia Ruskin University  
Aston University  
University of Bradford  
Cardiff University  
City University London  
Glasgow Caledonian University  
Dublin Institute of Technology  
University of Hertfordshire  
Manchester University  
University of Portsmouth  
Plymouth University  
University of Ulster  
Hogeschool Utrecht

Please note that this submission represents a synthesis and broad consensus of views across the Schools represented by OSC. In addition, some individual Optometry Schools may submit their own responses separately.

## Concept 1: Standards for education providers

**We are exploring the concept of introducing a new single set of high-level Education Standards for all education and training providers that deliver programmes and qualifications for optometrists and dispensing opticians that lead to professional registration with us.**

### Questions

#### 1. Do you agree or disagree with us further exploring the concept of new Education Standards in the way we describe above?

Agree ✓ (majority)

Disagree

Don't know

All accreditation and registration organisations have a duty to review their standards periodically. In the light of projected changes to future optometry and optical practice it is sensible to review Education Standards. Introducing new Education Standards would enable the profession to re-emphasise the priority of patient care and safety as the primary focus in education, and in the development of the professions and their scopes of practice.

There is a risk however that setting high-level Education Standards will render such standards difficult to both demonstrate and evaluate.

#### 2. Please tell us more about your views on this concept, including any opportunities or risks you foresee.

There is a fundamental question to be addressed as to whether Education Standards set by the regulator are for the sole purpose of assuring quality of education, or whether they are intended to drive educational provision in a particular direction. The latter seems to be an explicit goal here and therefore we must be careful that the premise for, and nature of, proposed change is valid. While agreeing with the principle of exploring new Education Standards, we are concerned that there are already assumptions in the consultation document about what these should achieve and which, at the very least, require further and full discussion with education providers.

For example:

With respect to the key statement that '*Insufficient clinical competence, confidence and professional willingness among optical professionals to undertake new roles...is seen to be linked to the content and structure of existing education and training,*' it is important that available empirical evidence is presented, and that other factors that may contribute to problems in these areas are also identified. A lack of clinical competence amongst newer registrants is not apparent from a review of GOC disciplinary and fitness-to-practise hearings between 2001 and 2011 (Forte, 2015), which highlighted a very small number of cases compared to the overall numbers of registrants, and revealed that the longest-registered practitioners were most likely to be involved in investigation relating to clinical competence. We do not know to what extent the limitation of practitioners' competence, confidence and willingness to undertake new roles is a reflection of their working environment rather than of their education and training.

Forte JC. (2015). Survey of General Optical Council disciplinary and fitness to practise hearings: 2001-2011. DOptom thesis, Aston University [http://publications.aston.ac.uk/28816/1/Forte\\_Josie\\_2016.pdf](http://publications.aston.ac.uk/28816/1/Forte_Josie_2016.pdf)

The consultation document also states: “If we were to introduce new Education Standards ... we might direct them more strongly towards encouraging and engendering innovation, variety and flexibility in the way programmes leading to registration with us are delivered and continue to evolve.” This implies, incorrectly, that innovation and flexibility has somehow been held back by existing Education Standards. This is not the case - existing optometry programmes, accredited under existing GOC standards, already demonstrate a variety of routes to registration, and varied approaches to delivery including e-learning and blended learning.

Universities, by nature, seek opportunities for innovation, variety and flexibility. The desire for “*modular and flexible learning models ... part-time and earn-as-you-go etc.*” is one that most if not all universities would be willing to explore, but what matters is that any such developments must deliver degree-level education. Optometry programmes are not, and must not become, training programmes. Good practice must be supported by good theory, and teaching must be supported by research. Degree programmes in optometry must continue to provide a strong scientific foundation for clinical practice, and students admitted to such programmes must be capable of succeeding at this level.

Embedded in the desire for part-time and earn-as-you-go approaches, there is often the notion that all we have to do is to give everyone the opportunity to undertake study, in whatever form it can be made most accessible, without regard to how the intellectual demands of the programme, alongside the demands of family-life and working-life, limit the viability of this approach. A serious risk in driving universities to offer flexible, part-time, earn-as-you-go, pic’n’mix programmes, is that while some very able students will navigate their way through such programmes successfully, many others will find the demands overwhelming and will withdraw or fail.

In relation to the criteria and features outlined in the consultation document, we are sympathetic to the spirit of many of these aims, but these too seem to imply that education providers are not already active in such areas. What we see, across optometry schools generally, is the existence of modules specifically designed to be flexible and responsive to changing evidence, technology and service needs.

The value of active relationships with employers and service providers also needs to be balanced with ensuring the quality and scope of undergraduate provision is not skewed to meet the needs of specific areas of the optical sector, but ensures that graduates are able to work across all areas of the discipline and, often, in more than one area during their career. Naturally, employers may want to encourage the development of business and management skills amongst their staff, but we would argue that this should not be prioritised over a solid foundation of clinical education and training. The ability of optometrists to work across sectors (primary care practice – corporate and/or independent, optical industry, academia, secondary/tertiary care, charitable sector etc.) is something that should be nurtured for cross-fertilisation of ideas, best practice and life-long learning.

## Concept 2: Education Standards and Professionalism

**We are considering linking any new Education Standards directly to our Standards of Practice for Optometrists and Dispensing Opticians.**

### Questions

**3. Do you agree or disagree with the concept of informing our education requirements by our professional standards?**

Agree

Disagree

Don't know

Optometry schools are divided on this question, over all three responses (agree, disagree, don't know).

**4. Please tell us more about your views on this concept, including any opportunities or risks you foresee.**

Once again the incorrect assumption is implied, that professional practice standards do not already permeate the education and training that students receive. Schools generally are of the view that the standards of knowledge, skills, and behaviour expected of students on optometry programmes are well-informed by an understanding of professional standards. We note that the majority of academic staff in optometry schools are themselves GOC-registered optometrists who are familiar with professional standards and their importance in student education. Overall, the view of the optometry schools is that professional standards should continue to inform education standards, but need not necessarily be strongly linked to them.

There is a distinct difference between standards of knowledge and skills on the one hand, and standards of behaviour on the other, and this distinction needs to be recognised and maintained. Students (and qualified practitioners) may achieve requisite standards of knowledge and skill but fall short in their behaviour, or vice-versa.

Standards of knowledge and skill are encompassed by the competency frameworks; the prevailing view in the optometry schools is that these require revision, which should include a reconsideration of whether it is in fact meaningful to apply the concept of *competence* to students (pre-registrants) who, by definition, are not yet competent to enter unsupervised practice. We believe that assessment of knowledge and the safe application of knowledge must be central in the education of optometrists, and that competency-based frameworks have a role in evaluating learning outcomes on the route to registration. The revision of the competency framework to better capture higher-level knowledge, skills and experience would be welcomed.

With regard to standards of behaviour we note that education providers generally have their own standards and procedures for fitness-to-study / fitness-to-practise, but these may differ significantly between institutions, and there are no clear criteria from the GOC as to what should be regarded as unprofessional behaviour at university, under what circumstances should a student's behaviour be referred to the GOC, and what sort of behaviour or circumstances (e.g. mental health issues) should cast doubt on fitness-to-study, etc. If the profession wishes to ensure that high standards of professionalism are not only promoted but also required through the stages of optometry education, pre-registration and post-registration practice, then the regulator must make it clear to the education providers and their prospective students what is required, so that this may be communicated and applied consistently across all institutions.

### Concept 3: Learning outcomes

**We are considering introducing education learning outcomes which all optometry and dispensing optician education providers would be required to deliver.**

#### Question

**5. What are your views on the concept of system-wide learning outcomes for optometry and dispensing optician education and training, instead of an educational competency-based approach?**

The principle behind this concept appears to be the degree to which the GOC should continue to be prescriptive about educational requirements, through detailed specification of competencies, as opposed to outcomes focused, which suggests a loose & more flexible approach under which providers would be expected to address broad outcomes rather than specific competencies. Examples of such outcomes include: clinical practice techniques and the application of relevant, new and emerging technology, demographic needs and patient expectations, safety and professionalism, and new and evolving service delivery/business models.

First, we note that most if not all of the broad outcome 'themes' mentioned here are already addressed in optometry programmes. As with so much of the current review, we detect here signs of the GOC being urged to direct change in a way that not only betrays a lack of understanding of what optometry education currently delivers, but seems determined to shift emphasis towards a view of what is (or will become) desirable in practice / business at operational level, as opposed to what is necessary in programmes delivering science, health and psychology-based graduate-level education to provide the profession of optometry with the sound intellectual foundation it requires.

Although some elements of the current competency-based approach are rather prescriptive, and limit how flexible providers can be in the delivery and assessment of programmes, the granularity provided by the competencies and the minimum requirement prescribed by the numbered patient episodes ensures that the underpinning syllabus is covered and assessed in its entirety, and that students remain engaged in the course throughout its duration. Competencies provide students with a transparent framework of clinical and academic benchmarks to work towards throughout their course. Ultimately, some framework must exist against which students can be assessed consistently across all education providers.

An outcomes-based approach is fine provided such outcomes can be appropriately quantified. There are risks in encouraging a free-for-all approach to professional education. How will this be scrutinised, and quality and consistency assured? Indeed, the pendulum appears to have swung full circle - a competency-based approach was introduced for the very reason that outcomes are so difficult to assess in a snapshot-type evaluation.

One significant risk of an outcomes-based approach is that it results in an over-reliance on the integrity of the education provider. Another is that education providers may come under pressure to mould their programmes to meet the business and training needs of employers or other stakeholders, rather than to achieve the fundamental educational standards required by the accrediting body. If there is to be a move in this direction then the 'high-level' outcomes must also focus on intellectual skills, including the ability to weigh evidence and develop understanding from first principles. This will be essential for optometrists already faced with an unprecedented pace of technological change - to avoid becoming 'button pushers' or mere technicians, optometrists must understand underlying concepts and principles.

If not applied robustly, outcomes-based learning and assessment frameworks can result in superficial approaches to teaching, so this approach would need to be balanced with the retention of a core curriculum. Ensuring that the education of optometry students is 'clinically focused and experientially based' is important, but needs to be balanced with a strong and deep understanding of fundamental principles and the basic science of the visual system and visual processing. This

fundamental scientific knowledge needs to be in place for clinical experience to be sustained and meaningful, and to enable clinicians to develop throughout the course of their careers. We also contend that elements such as research awareness, critical thinking, public health awareness, and the ability to analyse and interpret data are essential parts of any optometry curriculum.

Finally, if a learning outcome based framework is developed for optometry and dispensing optics, the different professions will require different learning outcomes (although there may be overlap). Optometry encapsulates optics and ophthalmic dispensing but goes much further in breadth of knowledge - the demands of optometry degree programmes are reflected in the current admission requirements for undergraduates.

We need good theory for good practice, and education for professional responsibility and development, rather than training for operational convenience.

#### **Concept 4: Links to Continuing Education and Training**

**We are considering the implications of our Education Strategic Review on Continuing Education and Training (CET) including whether any change to the education competency-based approach would enable us to focus the CET scheme on our Standards of Practice for Optometrists and Dispensing Opticians rather than the current education competencies.**

#### **Questions**

**6. What do you see as the merits to removing the current link between CET and our education requirements, if any?**

As the consultation document indicates, the removal of the current link is an implication of moving away from a competency framework towards loosely-specified 'outcomes' (Concept 3). Given that we have expressed our concerns about this approach, we prefer to view the question of continuing education more broadly than in terms of competency-based CET.

Regardless of the approach that may be taken in response to Concept 3, we favour Continuing Professional Development (CPD) as opposed to entry level CET linked explicitly to educational competencies. CPD might, for example, include recognition of professional development activity such as university MSc or DOpt qualifications, College of Optometrists higher certificates and diplomas, training in important new and emerging technologies, etc. We believe that the requirements for registered optometrists should be strengthened to ensure they remain up-to-date with elements of clinical practice that are particularly relevant to their roles, and (as is the case with postgraduate and professional higher qualifications) should encourage optometrists to develop their scope of practice, rather than just maintaining the minimum standard for entry-level professional practice.

**7. Do you envisage any disadvantages or risks in this approach, and if so what are they?**

There are some challenges for CPD. It may result in losing the ability to evaluate whether most members of the profession are actually maintaining their basic skill levels, unless the CPD scheme retains some base-level minimum level of achievement that applies to all.

Because of differing modes of practice it may be difficult to make certain elements of education and training compulsory and to set generic outcomes, because these may not be relevant to everyone.

A move to CPD would require a significant change in mind set by registrants, with more personal planning of development activities and maintenance of records of activity.



## Concept 5: Educational content

**We are considering reviewing the content of education and training leading to professional registration with us.**

### Questions

#### **8. What do you see as the key changes needed to the current content of optometry programmes and dispensing optician programmes to ensure our future requirements are fit for purpose?**

The call for evidence identified likely future healthcare needs for the population, and the optometry schools agree unanimously that changes in education should focus principally on enhancing the knowledge and skills of optometrists to enable the profession to expand its scope of practice in health-related areas.

We are, however, concerned that there may be an incorrect implication in this concept that radical revision of optometry programmes is required for future 'fitness', as though universities have failed to provide optometry graduates with the skill-sets to adopt, with additional training where necessary, novel and evolving approaches to patient care. We have not seen evidence to support a view that significant change is needed to the current content of optometry programmes to ensure that future requirements are fit for purpose? Also, does this imply that the GOC proposes to specify what is required in the content of optometry programmes henceforth? This would be the opposite of an outcomes-based approach.

It is our contention that most, if not all, undergraduate programmes already incorporate evidence-informed teaching across the curriculum and, in addition to the core and essential modules covering the science of the visual system, optics and optical materials, ocular and systemic anatomy and physiology, ocular disease, and clinical practice, we include content such as ocular imaging, disease prevention, and public health.

Our experience of delivering undergraduate and post-graduate teaching is that optometry programme content is not only appropriate for entry-level practice, but also educates students in areas routinely overlooked and under-utilised in primary care settings, including visual impairment and rehabilitation, children's vision, binocular vision and orthoptics, and patients with learning disabilities and special needs. Such areas are not always considered when there is talk of the increased role of optometry in healthcare, but we think they should be.

Undergraduate optometry programmes currently deliver content which provides graduates with knowledge and skills to deliver core-level 'enhanced services' in the community, e.g. repeat-measures schemes and pre- and post-operative cataract assessment. To date, this basic knowledge and skill has often not been recognised and optimally utilised by commissioners and eye care providers with the risk (or perception) that, post-graduation, optometrists lose skills and confidence in some areas. In many UK locations, when 'enhanced service' schemes are introduced, lack of trust in optometrists' basic core skills and/or lack of confidence by optometrists who have not been required to utilise these core skills since registration leads to requirements for further training, often without a clear rationale.

To help future-proof optometry education and training, more emphasis will need to be placed on the ability of graduates to utilise primary research as an evidence-base for practice, applying this in conjunction with sound clinical skills and taking a problem-solving approach to clinical care. This will become increasingly important with increased involvement of optometrists in extended roles and co-management of eye disease. A greater emphasis on ophthalmic public health and increasing interdisciplinary working will also help address this.

Mandating competency in specific enhanced skills at undergraduate level is likely to mean that curricula become outdated more rapidly. It would seem sensible, therefore, for such specialised functions, e.g. independent prescribing, to continue to be optional, post-graduate training. Post-

graduate training is more flexible and nimble in responding to changing service and delivery needs. Post-graduate training not only enhances clinical service provision as needed, but provides valuable life-long learning opportunities for practitioners, which aligns with modern educational theory and practice. A 'commitment to lifelong learning' is stressed in research presented by the GOC in their consultation document (p.3-4, Patterns and Trends 2017). The value and success of post-graduate training is also enhanced by the participant's experience of clinical practice and their maturity, which brings considerable added value to the training and outcomes.

While the impact of technology on practice must be acknowledged, we need to educate clinicians who will feel confident to harness technological developments as they arise, rather than putting technology itself at the heart of our programmes. There is a view in the optometry schools that the emphasis on changes in technology in this review of education is somewhat excessive and misguided. Technology changes quickly, underlying concepts and principles do not. We should build educational programmes on fundamental scientific concepts and principles, and the methods that arise from their application, and not on the basis of throwing out these established methods to make way for ad hoc training on the latest technology. Practitioners who qualify with a solid understanding of concepts and principles will adopt and adapt to new technologies with ease as they develop, as has generally been the case. Additionally, automated approaches to refraction are not appropriate for a significant, vulnerable minority of patients (the elderly, the very young, those with physical or communication or intellectual disability etc.). For this reason, it is essential that core skills such as retinoscopy and manual subjective refraction are maintained and assessed as the most appropriate (sometimes the only) method by which to assess refractive errors, at least for the foreseeable future.

### **Concept 6: Enhanced clinical experience for students**

**We are exploring the implications of introducing a hybrid approach to all education programmes leading to professional registration with us – an approach that combines academic study with clinical experience from the start.**

#### **Questions**

**9. Do you agree or disagree with the concept of embedding clinical elements of education and training progressively from the outset of programmes?**

Agree

Disagree

Don't Know

The overall consensus in the optometry schools is that this issue is too complex and multifactorial, and its implications are too significant, to be reduced to a question of agreement or disagreement. The prevailing view is succinctly expressed by one school as follows: "it is hard to disagree with the statement above, but we disagree with some of the ideas presented in the context of posing this question, hence we have identified 'disagree' as our response."

**10. Tell us more about your views on this concept.**

It is already the case that optometry programmes combine academic study with clinical experience from the start, but that early experience is generally not in a real practice setting. It is therefore important to be clear that the 'hybrid approach' and 'clinical elements' referred to in this concept do not refer to the various forms of in-house clinical experience that education providers do or could provide but, rather, are specifically concerned with the desire that students should gain more of their undergraduate education in real practices. At present many students work in practice at weekends or in holiday periods, and thus gain some valuable practice experience, but this is generally not integrated with their university-based experience.

We broadly agree that opportunities for students to gain more real practice experience integrated into their educational programmes should be beneficial, though we do not think that every aspect of such an approach is necessarily ideal. Where we particularly disagree with this concept is on the feasibility of achieving it at scale, and also that a natural and inevitable implication of this approach is a move away from the pre-registration period to a position where the education providers take responsibility for the entire student journey up to the point of registration.

In order to gain sufficiently varied practice experience to mitigate the perceived limitations of the main body of practice-based education taking place in one location immediately prior to registration, it would be essential for all students to experience different types of practice environment during their university programme. Given that the total number of UK optometry students is probably in excess of 3500 (all programme stages), how feasible would it be to provide meaningful placements for all students? Who will provide opportunities for students to learn 'clinical elements of education and training' in practice, who would supervise it, what would it cost, and who would pay for it? We pose these questions not as rejection of the principle but to highlight the scale of the challenge.

The consultation document states "it would most likely necessitate education and training institutions building active, innovative and ongoing relationships with a range of eye health service providers - such as independent and multiple community optometry practices, domiciliary care providers, community ophthalmology-led services, and hospital eye services, as well as where relevant continuing to develop their university eye clinics." We particularly would like optometry students to have more experience of working in healthcare settings but, as a profession sitting largely outside the NHS, formalising such clinical experience with NHS providers could be exceedingly difficult, in addition to the fact that placements in NHS settings would probably be in short supply compared to the number of optometry students. Naturally therefore the education providers would need to look mainly to the large 'multiples' who currently provide the majority of pre-registration positions for graduates. It is already apparent, however, that there is a reluctance on the part of some employers and practice owners to take students for clinical placements when their knowledge and clinical skills are at an early stage of development, because this is perceived by the practice as involving more cost than benefit. Students, by definition, must develop their clinical skills under supervision, and a hybrid approach to educate can only work if those with supervisory responsibility in the practice environment can be relied upon to think and act as educators, not as employers.

We acknowledge that for students in the earliest stages of optometry programmes it may be feasible to develop an approach that formalises the modest amount of practice experience that some already gain through part-time employment, and to extend this to all students, so that it can be properly integrated into the students' education. Such an approach would foster cooperation between education provider, employer and student and might work to the advantage of all parties. Ideally, then, a continuation of such a relationship forward to the later stages of the students' education would seem like a natural progression. However, when the requirement of these later stages is that students spend most or all of their time in practice, as is the case currently with the pre-registration period, then serious feasibility issues arise and risks increase.

We do not support the view expressed in the consultation document that "a consequence of taking a more hybrid approach would be to move away from the notion of the 'pre-registration year', where that applies, and that education providers would take on responsibility for the entirety of the student journey".

First, this is not by any means an inevitable consequence, as 'hybrid' arrangements to share elements of education between practice and university could apply at some stages of optometry programmes but not others. An all-or-nothing approach is not necessary and there is no reason, in principle, why a pre-registration period following graduation from university should not continue to exist.

Second, the implications of education providers 'taking on responsibility' for that part of the students' educational journey is that they (the providers) would become responsible for a variety

of aspects, which would include: a) finding placements for students for extended periods of many months of clinical practice, b) managing the three-way relationships between themselves, their students and the supervising practices, including undertaking quality assurance of the supervision provided and students' experiences, and resolving any difficulties or disputes, c) training and accrediting practice-based supervisors, and overseeing the assessment of students' progress, d) managing final assessments for the purpose of registration – unless this continues to be handled externally and independently (see Concept 7). Education providers in optometry are simply not resourced adequately to handle the additional workload and responsibility that this entails.

In addition, aside from resources, we perceive a major risk in this model relating to understanding and fulfilment of roles. Under the current pre-registration arrangement, students are employed and their employer is responsible for providing the clinical education and practice experience they need at that stage. Much of what we have heard over the period of this consultation, however, suggests that many employers see this responsibility as more cost than benefit and that, rather than continuing to take responsibility for students' education, they would like the education providers to supply students already registered and 'practice-ready'. As this would be impossible to achieve without involving students in extended periods under supervision in practice, the 'hybrid approach' would then require these same employers to work with the education providers but, instead of having authority and seeing themselves as employers, they would need to behave as educators working under the authority of the providers responsible for the educational programmes. We would like to think that this could be achieved, to the mutual advantage of all parties, but we see little in the way of evidence that the major employers would be willing to play a full part as educators in such a model.

In summary, we have grave concerns about vigorous promotion of a hybrid approach to optometry education, and we urge the GOC not to consider driving education in this direction without engaging fully in joint discussions with current education providers, employers/placement providers, and the College of Optometrists (which manages the current Scheme for Registration) to fully evaluate the feasibility and viability of the idea.

#### **11. What do you foresee as being any positive or negative impacts on students, education providers, employers, patients and carers from taking a hybrid approach?**

Some of our views on this are captured in our response to the previous question.

Further to this, potential positive impacts include: students gain insight into professional practice and the working environment, and learn relevant skills sooner and more persistently; education providers and employers develop better cooperation and mutual understanding with opportunities for shared working and collaboration; all parties including patients and carers benefit from opportunities to improve optometry education and its primary purpose which is improved patient care. Further positive impact of a hybrid approach implemented in the form of an apprenticeship model of education could be benefit to students who could 'earn-as-they-learn', with improved opportunities for career progression within the professions, and prospects for part-time study.

On the other hand, potential negative impacts include: the hybrid approach only gains employer support in the context of apprenticeship models of education, and employers are unwilling to commit to playing a full part in optometry education unless they can also control the 'release' of their employees/students to undertake academic study.

The idea of apprenticeship models in optometry/optical education would itself warrant further discussion between GOC, education providers and employers.

### **Concept 7: National registration examination**

**We are exploring whether we should retain the principle of a national standardised examination or assessment as a requirement, together with other elements, for UK trained practitioners to enter the GOC's professional register.**

#### **Questions**

#### **12. Do you agree or disagree with the concept of a national registration examination?**

Agree ✓ (majority)

Disagree

Don't know

#### **13. What are the merits and risks of this concept?**

We support the view, in the consultation document, that "a standardised examination or assessment could maintain a national benchmark for equivalence that overarches a potentially more varied range of approved education programmes". Although consistency of standards across education providers should be accounted for by institutional quality assurance mechanisms including external examiner procedures, there is broad agreement across optometry schools that a national registration examination that is independent of the education providers is in the public interest.

However, in order to protect the public, any new national registration examination must be at least as robust as the current scheme of assessments undertaken by pre-registration optometrists under the auspices of the College of Optometrists. Assessment of practical abilities and clinical expertise is costly and difficult. If replaced by only a knowledge-based assessment, this would be inadequate as an examination to permit registration.

Overall, we consider that the Scheme for Registration currently managed by the College of Optometrists already meets the requirement of providing an independent assessment framework, with well-established and high-quality governance already in place. A distinct advantage of the College continuing to act in this capacity is that, as the professional body it is well-placed to understand the standards required for professional practice and how they should be assessed. Also, it is independent of the optometry programme providers. We see no obvious advantage in replacing this arrangement.

### **Concept 8: Multi-disciplinary education**

**We are considering the concept of embedding a multi-disciplinary ethos into education programmes.**

#### **Questions**

#### **14. How feasible would it be to develop inter-professional and multi-disciplinary elements of study within optometry and dispensing optician education programmes?**

It is clear that interprofessional learning (IPL) is becoming an increasingly important element of healthcare training (e.g. de Oliveira et al., 2018; Saunders et al., 2018). In the context of optometry, IPL provides a route to increase knowledge of the roles and responsibilities of other professionals; build interprofessional team working skills; broaden understanding of patient management; and, when working with medical professions, develop a greater understanding of the NHS. Furthermore, IPL may reduce the risk of patients who receive care from a range of professionals experiencing problems linked to poor communication and collaboration between healthcare providers (Olson and Bialocerkowski, 2014).

de Oliveira VF, Bittencourt MF, Navarro Pinto ÍF, Lucchetti ALG, da Silva Ezequiel O, Lucchetti G. (2018). Comparison of the Readiness for Interprofessional Learning and the rate of contact among students from nine different healthcare courses. *Nurse Education Today*. 63:64-68.

Olson R, Bialocerkowski A (2014). Interprofessional education in allied health: a systematic review. *Medical Education* 48: 236-246.

Saunders R, Dugmore H, Seaman K, Singer R, Lake F. (2018). Interprofessional learning in ambulatory care. *Clin Teach*. Feb 12. doi: 10.1111/tct.12764. [Epub ahead of print]

Inter-professional and multidisciplinary elements of study are already components of most if not all optometry programmes. While there may be scope to increase these components, this must be done to genuinely enhance learning, not just as part of a 'tick-box' exercise. For optometry education providers to facilitate meaningful IPL, the profession must be recognised by other professions as a valuable collaborator- work is likely to be necessary above the level of individual education providers to achieve this. For example, it has been recommended that health profession regulators jointly agree and publish a statement regarding the requirements of pre-qualification IPL (Barr et al., 2014). A recent mapping of outcomes for pre-qualification IPL (Steven et al., 2017) considered the requirements of five UK health profession regulators (GMC; NMC; GPhC, GDC and HCPC), but did not include the GOC- it is essential that optometry is not left behind as progress is made nationally in this field.

Barr H, Helme M, D'Avray L. (2014). Review of Inter-professional education in the United Kingdom 1997–2013: Centre for the Advancement of Inter-professional Education.

Steven K, Howden S, Mires G, Rowe I, Lafferty N, Arnold A, Strath A. (2017). Toward interprofessional learning and education: Mapping common outcomes for prequalifying healthcare professional programs in the United Kingdom, *Medical Teacher*, 39:7, 720-744, DOI: 10.1080/0142159X.2017.1309372

A caveat to this however is, once again, the need to recognise limitations on what can be expected and achieved within optometry programmes due to lack of funding and time.

## **15. Tell us about any examples you know of already in other disciplines from within or outside the UK.**

Olson and Bialocerkowski (2014, op.cit.) report in a systematic review of pre-qualification IPL in allied health programmes many examples in the USA, Canada, UK and Ireland. Health professions included dentistry, diagnostic imaging; medicine; nursing; pharmacy and physical therapy.

Examples of current practice in UK optometry schools includes involvement of orthoptists and ophthalmologists in optometry teaching, and joint teaching sessions involving optometry and pharmacy students. In some schools, optometry and pharmacy students sit as patients for each other in practical assessments, and optometry and medical students visit local optometry practices together. In many schools there is potential to extend the range of professions involved to include, for example, nursing, midwifery, physiotherapy, radiography and occupational therapy but, as mentioned previously, while opportunities for increased interprofessional learning may be available, such experiences must be meaningful and relevant, rather than merely a 'tick-box' exercise. It has been argued, for example, that transferability of IPL activities and effectiveness across professions, institutions and countries cannot be assumed (Richards, 2003).

Richards LV. (2003). Evaluation in medical education: moving forward. *Medical Education* 37:1062–3.

## **Concept 9: Duration of education and training programmes**

**We are considering whether or not to retain the current minimum duration of education and training for optometrists and dispensing opticians.**

## Questions

### **16. What do you see as the strengths and weaknesses of retaining the current minimum duration as described above?**

There is no 'current minimum' for optometry programmes. It happens that BSc programmes have a 3 year duration in most cases, and the College Scheme for Registration is at least 1 year, so the 'standard' minimum duration is 4 years to registration. Under current arrangements, however, there is nothing to stop a provider attempting shorter or longer durations.

We sense that there is a drive towards provision of shorter programmes which seems to come, in some cases, from prospective students who would like the opportunity to study for an optometry degree in shorter time and at lower cost. We also, however, see some employers wishing to reduce the time that students spend in education. The motivation for this is not entirely clear, except perhaps in the context of the apprenticeship model of education, where there is an obvious incentive for employers to minimise the cost of supporting their employees through education.

A significant strength of the current standard minimum 4 years is that it creates a level playing field where students base their decisions upon educational quality rather than on the financial incentives of short programmes. We see a benefit in maintaining a standard minimum four-year period for the majority of students. Exceptions might be made for programmes that are specifically designed for students with relevant prior qualifications; the obvious example being the existing BSc Optometry (Career Progression) Programme for Dispensing Opticians at the University of Bradford. Aside from such exceptions, however, we consider that shortening the minimum duration would risk the depth and scope of the education and training provided, and the maturity and readiness of those entering the register. Furthermore, optometry degree programmes are demanding, and a significant minority of existing students struggle to complete them successfully. In general, students need time to consolidate their learning, and to gain life experience as well as clinical experience.

Following from the points above, some optometry education providers would favour an increase in programme duration to at least 4 years + 1 year of full-time pre-registration practice-based experience. This is on the basis that future changes in optometry scope of practice, already recognised in the previous stage of the current consultation, will require students to study a wider range of subjects up to a higher level, and to gain as much practice-based experience as possible, in order to be ready to deliver what is required for practice in the near future. It takes time and additional curriculum content to develop students to higher-levels of knowledge and skill, but there is little or no scope to achieve this within existing standard 3 year degree programmes. On the other hand, there is no sound justification for removing basic science and clinical methods from the curriculum (which is what we have heard suggested) in order to make for higher-level skills.

A strength of increasing the length of the degree programme would be the opportunity to enable higher standards and a broader knowledge base to be achieved prior to registration. A weakness is that would increase the financial burden on all students, and the time commitment may deter other students regardless of financial considerations. We note, however, that 4 year degree programmes are commonly recognised as being necessary in other health-related professions.

### **17. What could be done differently in order to ensure students become competent, confident and safe beginners?**

In our view, the first requirement to meet the criteria for students to become competent, confident, and safe is that the minimum standard required for registration as an optometrist must continue to be at the level of a BSc Hons degree, plus a requisite amount of experience in clinical practice, with demonstration of clinical competence at the point of registration.

The current system ensures that entrants to the profession are safe to work. Challenges may occur when pre-registration students and newly qualified practitioners are expected to see large

numbers of patients each day, rather than building their patient numbers and confidence on a more gradual basis. The GOC could look to regulate working patterns of trainees and newly-qualified practitioners, perhaps by introducing a maximum number of patients per hour/ day, and/ or by requiring newly-qualified registrants to work in conjunction with a more experienced practitioner to avoid issues related to a lack of peer support.

It is our experience that a fundamental requirement to ensure that students become competent, confident and safe in practice is to assure the quality of students entering optometry programmes. All education providers seek to 'add value' in helping to develop students from positions of inexperience and relative weakness to become competent and confident practitioners, and part of this involves giving opportunities to students who do not necessarily appear to be academically strong but who show potential. Whatever criteria are used to select students, however, all education providers have a clear sense of 'what good looks like', in terms of prior qualifications, experience and attitudes. To protect the profession and, thereby, the public we need to give priority to the quality of students entering optometry programmes. Currently we face significant challenges in that increase in the number of accredited optometry programmes has run in parallel with decrease in number of applicants to study optometry, to such an extent that the total number of applicants nationally now barely exceeds (if indeed it still exceeds) the total number of university places. In addition there is a lack of diversity in this diminishing pool of applicants. A consequence of this is that universities now have no choice but to admit students that they would not have admitted in the past, and not only is there a significant 'tail' in most optometry schools of students who repeatedly fail exams and assessments, there are also more issues relating to fitness-to-study and professionalism. There is a need for more awareness and understanding of the importance of applicant numbers and applicant quality to the future of the profession.

### **Concept 10: UK educational routes to registration**

**We are considering how the structure and content of courses delivered in the UK that lead to professional registration with the GOC could enable effective career progression and transference into and between different optical roles.**

#### **Questions**

#### **18. What do you see as the opportunities for more flexibility between the education of different regulated and non-regulated optical professions?**

In terms of opportunities for career progression, a key driver here appears to be the desire of employers to introduce degree level apprenticeships. We are in favour of unnecessary constraints being minimised to enable those with ability to progress between professions. Indeed, some flexibility already exists in this regard, with availability of career progression opportunities, recognition of accredited prior learning (APL/APEL), etc. However, APL can be a blunt tool to enable progression.

The route from dispensing optician to optometrist is currently well-defined and available, as is the route from optometrist to Independent Prescriber optometrist. We do not see an advantage in modifying these well-established and apparently successful routes. Individuals in non-regulated roles are also able to apply to undertake training to qualify as a dispensing optician, contact lens optician or optometrist. It is clearly important for the profession that entry criteria to these education programmes are maintained for all applicants for the reasons discussed above (e.g. in Q17). There are no barriers to individuals moving from optical assistant to dispensing optician to optometrist, etc., if they have the proven ability to meet the entrance criteria of the relevant education programmes. Foundation degrees offered by many institutions may be an appropriate route for such progression.

In this vein, any non-regulated experience must have valid evidence of achievement at the appropriate level and in the necessary domains of activity. We agree with the principle of allowing



various routes/entry points but each one must have focus on intellectual ability and achievement. As discussed above (Concept 9), aptitude and attitude are the appropriate criteria to enable students to progress from one programme to another.

**19. What are the constraints and risks to this?**

We do not see any major risk to the principle of encouraging career progression in present circumstances – the risk to standards, and to the public, arises when the boundaries between professions become blurred.

The GOC must retain the distinction between optical assistants, (dispensing) opticians, and optometrists. These must not be viewed merely as different stages along an operational skill-based continuum, but as distinct professions having major differences in their intellectual and scientific foundations, scopes of practice and professional motivation.

A potential risk for the future, if there are to be successful new hybrid approaches including apprenticeship models, is that the overarching authority of the accredited education providers must be assured. We would hope that any such arrangements could be seen as opportunities for cooperation and collaboration between education providers, employers and professional bodies for the benefit of the profession, but this ideal may not always be realised in practice.

**Concept 11: Proportionate quality assurance**

**We will in due course be considering how we develop a proportionate approach to our approval and quality assurance mechanisms for education providers in the context of the future recommendations of the Education Strategic Review.**

**Question**

**20. Are there any other principles and concepts we should consider at this stage in exploring future approaches to our quality assurance processes?**

We urge the GOC to attend to the need for a more consistent approach to quality assurance across education providers. In recent years we have seen apparent differences in the expectations and requirements in relation to staffing and resourcing, for new providers compared to those with established programmes, and differences in the application of accreditation conditions and recommendations between established providers. We would also ask that consideration is given to the need for and use of information. Submission of onerous amounts of detailed information on programme provision, student outcomes, student experience, etc., is acceptable if the data are used in a meaningful and proportionate manner, but if data are not to be used then they should not be requested. There should be a clear rationale for all data requested and, where possible, the GOC should not duplicate other quality assurance processes if the data and outcomes from these can be used to inform the accreditation process.

A significant concern to be considered at this stage relates to the growth in the number of providers, and the possibility that the outcome of this review may be that the GOC may accept, or even encourage, different providers offering different models of optometry education within a relatively open-ended outcomes-based framework. With increased variability comes increased difficulty in validation and quality assurance - the stakes, and the risks, become much higher.

## **Equality and Diversity**

**We must ensure that we recognise the impact of any future proposals from the Education Strategic Review on all our stakeholders.**

### **Question**

**21. Please tell us about any direct or indirect impact you can foresee from the concepts and principles we have set out in this public consultation on anyone with protected characteristics.**

A possible impact on those with protected characteristics may be a consequence of a change to a hybrid course involving clinical placement. Equality and diversity policies would need to be as stringent in practice as in university.