

# **Requirements for Approved Qualifications for Contact Lens Opticians**

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Outcomes for Approved Qualifications  
Standards for Approved Qualifications  
Quality Assurance and Enhancement  
Method

**Effective from  
1 March 2022**

General Optical Council



# Contents

<b>About us</b>	<b>1</b>
<b>About this document</b>	<b>2</b>
<b>Introduction</b>	<b>3</b>
How we developed our new requirements	5
Key changes	5
Arrangements for current providers of GOC-approved and provisionally approved qualifications	6
New applications for qualification approval	6
Pre-registration qualifications	6
<b>Section 1: Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician</b>	<b>7</b>
Note on ‘Miller’s Pyramid of Clinical Competence’	16
<b>Section 2: Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician</b>	<b>18</b>
<b>Section 3: Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a Contact Lens Optician</b>	<b>28</b>
<b>Annex A: Note on Process of Constructing Outcomes for Contact Lens Opticians</b>	<b>36</b>
<b>Annex B: Acknowledgements</b>	<b>38</b>
<b>Glossary</b>	<b>40</b>

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## About us

The General Optical Council (GOC) is the UK-wide regulator for optometrists and dispensing opticians, student optometrists and dispensing opticians, and optical businesses.

Our mission is to protect the public by upholding high standards in the optical professions.

**We have four core functions:**

- Setting standards for the performance and conduct of our registrants.
- Approving qualifications leading to registration.
- Maintaining a register of individuals who are fit to practise or train as optometrists or dispensing opticians, and bodies corporate who are fit to carry on business as optometrists or dispensing opticians.
- Investigating and acting where registrants' fitness to practise, train or carry on business may be impaired.

## About this document

This document sets out the knowledge, skills and behaviours a dispensing optician must demonstrate for specialist entry to the register as a contact lens optician. This document also sets out our standards which organisations providing GOC-approved qualifications leading to specialist entry on to the register must meet and how we collect evidence and engage with stakeholders to be assured our requirements are met.

These requirements came into effect on 1 March 2022.

# Introduction

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## Introduction

In our Fit for the Future strategic plan for 2020-2025, we committed to delivering and implementing a strategic review of optical education and training to ensure that the qualifications we approve are fit for purpose, meet patient or service-user needs and ensure optical professionals have the expected level of knowledge, skills and behaviours and the confidence and capability to keep pace with changes to future roles, scopes of practice and service redesign across all four nations of the UK.

In March 2022, GOC Council approved new, updated requirements for GOC-approved qualifications for contact lens opticians. The Outcomes for Approved Qualifications, Standards for Approved Qualifications, and Quality and Assurance Enhancement Method were publicly consulted on from September 2021 to January 2022. They replace the 'Contact Lens Handbook' (published in November 2007) and the 'Contact Lens Speciality Core Competencies' (published in 2011), and the policies on [supervision](#) and [recognition of prior learning](#).

Our new requirements are organised in three sections:

- **Section 1: Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician** ('outcomes for approved qualifications') describes the expected knowledge, skills and behaviours a dispensing optician must have for the award of an approved qualification for specialist entry to the GOC register as a contact lens optician.
- **Section 2: Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician** ('standards for approved qualifications') describes the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification for specialist entry to the GOC register as a contact lens optician.

- **Section 3: Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a Contact Lens Optician** describes how we will gather evidence to decide in accordance with our duties under the Opticians Act 1989 ('the Act') whether a qualification for specialist entry to the GOC register as a contact lens optician meets our outcomes for approved qualifications and standards for approved qualifications. This method statement is common to qualifications for specialist entry to the GOC register.

These new documents ensure the qualifications we approve are responsive to a rapidly changing landscape in the commissioning of eye-care services and are fit for purpose in each of the devolved nations. They also allow for the changing needs of patients and service-users, enhanced roles for dispensing opticians within new models of service delivery, and increased expectations of trainees and their employers.

## How we developed our requirements

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

We were also advised by an Expert Advisory Group (EAG) and feedback from a range of stakeholder groups including our Education Visitors, our Advisory Panel (including Education and Standards Committee), the optical sector and sight-loss charities. You can read the [EAG's terms of reference](#) on our website.

You can find all those who have been contributed to the development of these requirements in the Acknowledgements in Annex B.

## Key changes

The key changes include:

### 1

Candidates will acquire a **single qualification** approved by the GOC leading to specialist entry to the GOC register as a contact lens optician.

### 2

The approved qualification will be either an **academic award or a regulated qualification** at a minimum of Regulated Qualification Framework (RQF) (or equivalent) level 6.

### 3

There will be **no proposed minimum/maximum** or recommended time or credit volume for an approved qualification or specified location or duration of clinical experience, other than the requirement that an approved qualification leading to specialist entry to the GOC register as a contact lens optician must **integrate approximately 225 hours of learning and experience** in practice.

### 4

The provider of the approved qualification must, in the design, delivery and assessment of an approved qualification, involve and be informed by **feedback from a range of stakeholders** including patients, employers, trainees, supervisors, members of the eye-care team and other healthcare professionals.

### 5

An **outcomes-based approach** is used to specify knowledge, skills and behaviours using an established competence and assessment hierarchy known as 'Miller's Pyramid of Clinical Competence' (knows; knows how; shows how; and does).

### 6

Providers of approved qualifications are responsible for the **measurement (assessment) of students' achievement of the outcomes** at the required level (on Miller's Pyramid) leading to an award of an approved qualification.

### 7

Providers of approved qualifications will be responsible for **recruiting and selecting trainees onto a programme** leading to an award of an approved qualification. **Recognition of prior learning can be deployed** to assist the progression of trainees whose progress to specialist registration has stalled.

## Arrangements for current providers of GOC-approved and provisionally approved qualifications

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We will work with each provider of GOC-approved and provisionally approved post-registration contact lens optician qualifications to understand the pace at which they wish to adapt their existing qualifications to meet the outcomes and standards or to develop new qualifications for approval.

We anticipate most providers will work towards admitting trainees to approved qualifications that meet the outcomes and standards from September 2023.

Some providers may, in consultation with the GOC, agree a later start date. Separate arrangements will be made with the Association of British Dispensing Opticians (ABDO) to ensure that for those trainees who graduated from qualifications approved before 2022, their route to specialist entry to the GOC register is maintained.

## New applications for qualification approval

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Applications for new qualification approval can be made at any time. Initial enquiries should be made to [education@optical.org](mailto:education@optical.org).

## Pre-registration qualifications

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We also approve two pre-registration qualifications for entry to the GOC register as either a dispensing optician or an optometrist. Our updated requirements for these qualifications (see our [Requirements for Approved Qualifications in Optometry or Dispensing Optics: Outcomes for Registration; Standards for Approved Qualifications; Quality Assurance and Enhancement Method](#)) were approved by the GOC's Council ('Council') on 10 February 2021.



# Section 1:

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## Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician

## Introduction

The outcomes for approved qualifications for specialist entry to the GOC register as a contact lens optician describe the expected knowledge, skills and behaviours a dispensing optician must have to be awarded an approved qualification for specialist entry to the GOC register as a contact lens optician.

We will use the outcomes for approved qualifications, standards for approved qualifications and quality assurance and enhancement method together to decide whether to approve a qualification for specialist entry to the GOC register as a contact lens optician.

GOC-approved qualifications<sup>1</sup> will prepare trainees to meet these outcomes for specialist entry to the GOC register.

### The outcomes are organised into six categories:

1. Uphold professional standards
2. Person centred care
3. Ocular examination
4. Verification and identification
5. Contact lens fitting and aftercare
6. Learning and development

Each category includes an overarching statement and outcomes which must be met if a trainee is to be awarded the approved qualification. Each outcome is described using a level based on an established competence and assessment hierarchy known as 'Miller's Pyramid of Clinical Competence'<sup>1</sup> (knows; knows how; shows how; and does). We have provided a note on Miller's Pyramid on page 16 of this document.

The number of outcomes in each category varies; some categories have fewer outcomes than others. The number of outcomes in each category and their order within the category is not an indication of weight and/or volume of assessment, teaching and learning when providers design qualifications.

<sup>1</sup> Miller, G.E. (1990) The assessment of clinical skills/competence/performance. Acad Med 65: 563–7.

## Outcomes for Approved Qualifications Leading to Specialist Entry to the GOC Register as a Contact Lens Optician

Contact lens opticians make the care of patients their primary concern. They take responsibility for their own actions and apply the knowledge, skills and behaviours required to practise effectively, safely and professionally.

### 1. Uphold professional standards

Contact lens opticians establish relationships with others based on professional understanding and respect; acting as part of a multidisciplinary team they ensure that continuity of care across care settings is not compromised.

Outcome	Level
O1.1 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to contact lens and other care, and works collaboratively to ensure the delivery, transfer and continuity of care is assured and not compromised.	Knows How
O1.2 Undertakes a patient consultation in an appropriate setting, taking account of confidentiality and understands the issues involved in obtaining valid consent and maintaining dignity and respect in accordance with regulatory standards and contractual requirements.	Knows How
O1.3 Introduces self and role to the patient/carer and confirms patient/carer identity.	Shows How

## 2. Person centred care

Contact lens opticians must have a patient centred approach, be adaptive and work collaboratively with others in the best interests of the patient.

They must understand their role appreciating uncertainty, ambiguity and limits to their knowledge and the process of contact lens fitting as part of a multidisciplinary approach to a patient's ocular health.

### Outcome

### Level

O2.1	Assesses the communication needs of the patient/carer and adapts consultation appropriately (e.g., for language, age, capacity, physical or sensory impairments).	Knows how
O2.2	Works with the patient/carer in partnership to make informed choices, aiming for the optimal outcome for the patient which meets the professional aims of the practitioner.	Knows how
O2.3	Identifies, recommends and fits contact lenses to achieve vision correction and/or eye health goals, including explaining where patient expectations cannot be met and/or when contact lenses cannot be fitted.	Does
O2.4	Explains to the patient the potential risks and benefits of contact lens wear and any management options/treatment, including the importance of hygiene regimes, wearing compliance and when to seek further advice.	Does
O2.5	Encourages patients to take responsibility for their ocular health and to respond to contact lens and other health conditions appropriately.	Shows how
O2.6	Works within scope of practice and recognises when to refer or seek guidance from another member of the healthcare team or a specialist.	Knows how

### 3. Ocular examination

Contact lens opticians must conduct a detailed examination of the anterior eye and related structures using appropriate instrumentation and clinical techniques they have learned. They must apply their knowledge to

understand the implications of their findings and identify appropriate clinical responses including diagnosis, clinical management, contact lens fitting or referral within scope of practice.

#### Outcome

#### Level

O3.1	Demonstrate knowledge of appropriate instrumentation and technology for detailed inspection of the anterior segment of the eye, related ocular adnexa and tear film. This should include methods of illumination, filters, other instrument attributes and related use of diagnostic stains.	Knows how
O3.2	Assesses the anterior segment, related ocular adnexa and tear film in a systematic sequence.	Does
O3.3	Assesses the curvature and regularity of the cornea and any other dimensions required for contact lens fitting.	Does
O3.4	Evaluates results using evidence-based knowledge to make differential diagnoses and inform an appropriate management plan including referral within scope of practice when appropriate.	Does
O3.5	Has acquired knowledge of common systemic conditions and their ocular impacts and contact lens implications.	Knows
O3.6	Recognises the signs and symptoms associated with relevant ocular conditions, (including, but not exclusively, anterior eye disease, dry eye, red eye and foreign body), differentiates normal from abnormal findings, manages the conditions appropriately and refers where necessary.	Shows how
O3.7	Recognises the signs, symptoms and contact lens implications of non-systemic (ocular) pathological conditions.	Knows
O3.8	Manages contact lens induced complications for all types of contact lenses.	Shows how
O3.9	Uses appropriate grading scales, imaging and other available technological information and creates and maintains accurate and contemporaneous records of all patient advice and management decisions in line with relevant legislation.	Does

## 4. Verification and identification

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Contact lens opticians exercise personal responsibility by checking lenses applying the methods and techniques they have learned to verify that they are correct as per contact lens specifications.

### Outcome

### Level

O4.1	Understands how to assess using the appropriate instruments, the dimensional measurement and other features of contact lenses to identify where possible and enable their replication.	Knows how
O4.2	Understands how contact lens parameters are measured to International Organisation for Standardisation (ISO) standards of tolerance.	Knows how
O4.3	Recognises and differentiates between the design features of contact lenses.	Shows how

## 5. Contact lens fitting and aftercare

Contact lens opticians take a shared approach to evidence-based decision-making (sometimes in complex and unpredictable contexts) by assessing patients' planned use / clinical needs and recommending an appropriate lens

to achieve desired outcomes, managing the fitting and aftercare of patients with contact lenses and adapting the management plan where necessary.

Outcome		Level
O5.1	Takes a comprehensive history eliciting any information relevant to the fitting, aftercare and use of contact lenses.	Does
O5.2	Interprets and investigates appropriately the presenting symptoms of the patient.	Does
O5.3	Interprets relevant patient records to ensure knowledge of the patient's ocular and contact lens history and management to date.	Shows how
O5.4	Interprets relevant patient information (i.e., spectacle prescription, history and any relevant information supplied by any other health care practitioners) and clinical findings to assess the indications and contraindications for contact lens fitting.	Shows how
O5.5	Discusses contact lens options and makes appropriate recommendations allowing patients to make an informed choice; selects and fits the most appropriate contact lens and parameters for the planned use and clinical needs of the patient.	Does
O5.6	Assesses the fitting of a contact lens (soft, rigid and new modalities/ materials where applicable) using a variety of techniques; adjusts lens parameters where appropriate.	Does
O5.7	Issues unambiguous and complete contact lens specifications which meet legal requirements.	Shows how
O5.8	Instructs the patient in contact lens handling (i.e., hygiene, insertion and removal, etc.) and how to wear and care for the lenses including appropriate action to take in an emergency.	Shows how
O5.9	Demonstrates a routine contact lens aftercare consultation in compliance with the requirements of the Opticians Act.	Does
O5.10	Investigates, identifies and manages any contact lens adaptation or aftercare issues.	Shows how

<b>Outcome</b>		<b>Level</b>
O5.11	Informs patients of the importance of continuing contact lens aftercare and regular eye examinations and provide information on arranging aftercare and relevant emergency procedures.	Shows how
O5.12	Selects and fits the most appropriate complex/specialist contact lens for the planned use and clinical needs of the patient (e.g., refractive management, therapeutic, prosthetic and cosmetic contact lenses); manages the ongoing contact lens care of own patients.	Shows how
O5.13	Recognises the signs and symptoms of sight threatening conditions/ ocular emergencies requiring immediate treatment and manages them appropriately.	Shows how
O5.14	Understands and applies relevant local protocols and professional guidance on the urgency of referrals e.g. The College of Optometrists' clinical management guidelines.	Knows how



## 6. Learning and development

Contact lens opticians must maintain their clinical and contact lens knowledge and skills appropriate to their scope of practice; they must work within their areas of expertise and competence to achieve desired patient outcomes.

Outcome		Level
O6.1	Understands common ocular conditions, presenting symptoms and urgency e.g., glaucoma, retinal detachment and age-related macular degeneration (AMD) in the context of contact lens practice.	Knows
O6.2	Understands the principles and maintains knowledge of evidence relating to myopia management.	Knows how
O6.3	Demonstrates knowledge of refractive techniques including the principles of binocular vision management in the context of contact lens practice.	Shows how
O6.4	Understands the range of lenses available including soft, rigid and new materials/modalities.	Knows
O6.5	Understands the clinical application of all contact lens types e.g., optical, therapeutic, protective, diagnostic, prosthetic and cosmetic.	Knows
O6.6	Understands and safely applies knowledge of the drugs and staining agents used in clinical practice, including any relevant risks and side effects.	Knows how
O6.7	Understands the various forms of ocular surface diseases (e.g., dry eye) and maintains knowledge of available management options.	Knows how
O6.8	Implements infection prevention and control in optical practice.	Does
O6.9	Understands the methods of disinfection of contact lenses / contact lens containers including awareness of the different solutions used in contact lens practice, their constituents, the importance of maintaining sterility and common pathogens.	Knows how
O6.10	Applies current legislation to contact lens practice and understands the relevant legislation surrounding the use of common ocular drugs.	Shows how

Outcome		Level
O6.11	Evaluates advances in contact lens practice, the evidence behind management strategies and any emerging safety concerns.	Knows
O6.12	Demonstrates a reflective approach to learning and own development of contact lens practice to ensure continued alignment with current best practice.	Shows how
O6.13	Understands continuing education and professional requirements (e.g., continuing professional development (CPD)) within contact lens practice.	Knows

## Note on 'Miller's Pyramid of Clinical Competence'<sup>1</sup>

**Knows:** Knowledge that may be applied in the future. (Assessments may include essays, unseen examinations, practical reports, essays, oral examinations and multiple-choice questions (MCQs), etc.)

**Knows how:** Knows how to apply knowledge and skills in a defined context or situation. (Assessments may include essays, oral examinations, unseen examinations, short answer questions, multi-format MCQs (single best answer, extended matching questions), practical simulations, portfolios, workbooks and poster presentations, etc.)

**Shows how:** Applies knowledge, skill and behaviour in a simulated environment or in real life repeatedly and reliably. (Assessments may include objective structured clinical examinations (OSCEs), simulated patient assessments, oral and poster presentations, designing, conducting and reporting an experiment, dispensing tests and taking a patient history, unseen examinations involving patient cases, etc.)

**Does:** Acting independently and consistently in a complex situation of an everyday or familiar context repeatedly and reliably. (Assessments may include OSCEs, simulated patient assessments and observed practice, case-based assessments, portfolios, sustained research project (thesis, poster and oral presentation) etc.)

<sup>1</sup> Miller, G.E. (1990) The assessment of clinical skills/competence/performance. Acad Med 65: 56

## Section 2:

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# Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician

## Introduction

The standards for approved qualifications for specialist entry to the GOC register as a contact lens optician describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification for specialist entry to the GOC register as a contact lens optician.

We will use the outcomes for approved qualifications, standards for approved qualifications and quality assurance and enhancement method together to decide whether to approve a qualification for specialist entry to the GOC register as a contact lens optician.

GOC-approved qualifications will prepare trainees to meet these outcomes for specialist entry to the GOC register. We expect to see evidence that the outcomes are met and for this reason a minimum duration or credit volume is not provided.

### The standards are organised under five categories:

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

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

# Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician

## 1. Public and patient safety

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Approved qualifications must be delivered in contexts which ensure public and patient safety and support trainees' development and the demonstration of patient centred professionalism.

### Criteria to meet this standard:

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|------|--|
| S1.1 | There must be policies and systems in place to ensure trainees understand and adhere to the GOC's Standards of Practice for Optometrists and Dispensing Opticians.   |
| S1.2 | Concerns about a trainee's fitness to train or practise must be reported to the GOC. (The GOC acceptance criteria should be used as a guide as to when a fitness to practise/train matter should be reported.)   |
| S1.3 | Trainees must not put patients, service-users, the public or colleagues at risk. This means that anyone who teaches, assesses, supervises or employs trainees must ensure trainees practise safely, only undertake activities within the limits of their competence and are appropriately supervised when with patients and service-users. |
| S1.4 | Upon admission (and at regular intervals thereafter) trainees must be informed it is an offence not to be registered as a dispensing optician with the GOC at all times whilst studying on a programme leading to an approved qualification as a contact lens optician.  |
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## 2. Selection and admission of trainees

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Recruitment, selection and admission of trainees must be transparent, fair and appropriate.

### Criteria to meet this standard:

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- S2.1 Selection and admission criteria must be appropriate for entry to an approved qualification leading to specialist entry to the GOC register as a contact lens optician including relevant health, character and fitness to practise checks. For overseas trainees, this should include evidence of proficiency in the English language of at least level 7 overall (with no individual section lower than 6.5) on the International English Language Testing System (IELTS) scale or equivalent.
- 
- S2.2 Recruitment, selection and admission processes must be fair, transparent and comply with relevant legislation (which may differ between England, Scotland, Northern Ireland and Wales), including equality and diversity legislation.
- 
- S2.3 Selectors (who may include a mix of academic and admissions/administrative staff) should be trained to apply selection criteria fairly, including training in equality, diversity and unconscious bias in line with legislation in place in England, Scotland, Northern Ireland or Wales.
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- S2.4 Information provided to applicants must be accurate, comply with relevant legislation and include:
- the academic and clinical experience required for entry to the approved qualification;
  - a description of the selection process and any costs associated with making the application;
  - the qualification's approved status;
  - the total costs/fees that will be incurred;
  - the curriculum and assessment approach for the qualification; and
  - the requirement for trainees to remain registered with the GOC throughout the duration of the programme leading to the award of the approved qualification.

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

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S2.5 Recognition of prior learning must be supported by effective and robust policies and systems. These must ensure that trainees admitted at a point other than the start of a programme have the potential to meet the outcomes for award of the approved qualification. Prior learning must be recognised in accordance with guidance issued by The Quality Assurance Agency for Higher Education (QAA) and/or Ofqual / Scottish Qualifications Authority (SQA) / Qualifications Wales / Department for the Economy in Northern Ireland and must not exempt trainees from summative assessments leading to the award of the approved qualification.

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S2.6 Trainees upon application must have identified a suitably experienced and qualified supervisor who has agreed to supervise their clinical experience in practice. The trainee's supervisor must be a contact lens optician (with a minimum of two years' specialist registration) or optometrist (with a minimum of two years' registration with current experience of contact lens practice). (See also standard 4.)

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### 3. Assessment of outcomes and curriculum design

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The approved qualification must be supported by an integrated curriculum and assessment strategy that ensures trainees who are awarded the approved qualification meet all the outcomes at the required level (Miller's Pyramid: knows; knows how; shows how; and does).

#### Criteria to meet this standard:

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|------|---|
| S3.1 | There must be a clear assessment strategy for the award of an approved qualification. The strategy must describe how the outcomes will be assessed, how assessment will measure trainees' achievement of outcomes at the required level (Miller's Pyramid) and how this leads to an award of an approved qualification.   |
| S3.2 | The approved qualification must be taught and assessed (diagnostically, formatively and summatively) in a progressive and integrated manner. The component parts should be linked into a cohesive programme of academic study, clinical experience and professional practice (e.g., Harden's spiral curriculum <sup>2</sup> ), introducing, progressing and assessing knowledge, skills and behaviour until the outcomes are achieved.  |
| S3.3 | Curriculum design and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, trainees, supervisors, members of the eye-care team and other healthcare professionals.   |
| S3.4 | 'The approved qualification must provide experience of working with patients (such as patients with disabilities, children, their carers, etc); inter-professional learning (IPL); and teamwork and preparation for entry into the workplace in a variety of settings (real and simulated) such as clinical practice, community, manufacturing, research, domiciliary and hospital settings (for example, Harden's ladder of integration). This experience must increase in volume and complexity as students progress through a programme. |
| S3.5 | The outcomes must be assessed using a range of methods and all final, summative assessments must be passed. This means that compensation, trailing and extended re-sit opportunities within and between modules where outcomes are assessed is not permitted. Summative assessments directly related to the outcomes demonstrating unsafe practice must result in failure of the assessment.  |
| S3.6 | Assessment (including lowest pass) criteria, choice and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must ensure safe and effective practice and be appropriate for a qualification leading to specialist entry to the GOC register as a contact lens optician.   |

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<sup>2</sup> R.M. Harden (1999) What is a spiral curriculum? Medical Teacher, 21:2, 141-143



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- S3.7      Assessment (including lowest pass) criteria must be explicit and set using an appropriate and tested standard-setting process. This includes assessments which occur during learning and experience in practice.
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- S3.8      Assessments must appropriately balance validity, reliability, robustness, fairness and transparency, ensure equity of treatment for trainees, reflect best practice and be routinely monitored, developed and quality-controlled. This includes assessments which might occur during clinical experience.
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- S3.9      Appropriate reasonable adjustments must be put in place to ensure that trainees with a disability are not disadvantaged in engaging with the teaching and learning process and in demonstrating their achievement of the outcomes.
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- S3.10      There must be policies and systems in place to plan, monitor and record each trainee's achievement of outcomes leading to award of the approved qualification.
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- S3.11      The approved qualification must be listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (FHEQ) and the Framework for Qualifications of Higher Education Institutions in Scotland (FQHEIS)), or be a qualification regulated by Qfqual, SQA or Qualifications Wales. Approved qualifications leading to specialist entry to the GOC register as a contact lens optician must be at a minimum Regulated Qualification Framework (RQF), FHEQ or Credit and Qualifications Framework Wales (CQFW) level 6 or Scottish Credit and Qualifications Framework (SCQF) / FQHEIS level 10.
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- S3.12      There must be a range of teaching and learning methods to deliver the outcomes that integrates scientific, professional and clinical theories and practices in a variety of settings and uses a range of procedures, drawing upon the strengths and opportunities of context in which the qualification is offered.
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- S3.13      The approved qualification must integrate clinical experience (approximately 30 days / 225 hours) to enable the development of trainees' clinical experience to meet the outcomes. This must be under the supervision of a contact lens optician (with a minimum of two years' specialist registration) or optometrist (with a minimum of two years' registration and current experience of contact lens practice) and include active involvement in the fitting and aftercare of a wide range of lens materials, designs and wearing modalities as well as management of complications arising from contact lens wear. (See also standard 4.)
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- S3.14      The outcomes must be delivered and assessed in an environment that places study in an academic, clinical and professional context which is informed by research and provides opportunities for trainees to develop as learners.
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- S3.15      Outcomes delivered and assessed during clinical experience must be clearly identified, included within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification.
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- S3.16      The choice of outcomes to be taught and assessed during periods of clinical experience and the choice and design of assessment items must be informed by feedback from a variety of sources, such as patients, employers, trainees, supervisors, members of the eye-care team and other healthcare professionals.
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- S3.17      Assessment (if undertaken) of outcomes during learning and experience in practice must be carried out by an appropriately trained and qualified GOC registrant or other statutorily registered healthcare professional who is competent to measure students' achievement of outcomes at the required level (Miller's Pyramid).
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- S3.18      The collection and analysis of equality and diversity data must inform curriculum design, delivery and assessment of the approved qualification. This analysis must include trainees' 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 trainees' experience of studying on a programme leading to an approved qualification.
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- S3.19      Trainees must receive regular and timely feedback to improve their performance, including on their performance in assessments and in periods of clinical experience.
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- S3.20      As part of the approved qualification, trainees must meet regularly with their supervisor to discuss and document their progress as learners.
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## 4. Management, monitoring and review of approved qualifications

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

### Criteria to meet this standard:

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|------|---|
| S4.1 | There must be a clear management plan in place for the approved qualification's development, delivery, management, quality control and evaluation.  |
| S4.2 | The organisation responsible for the award of the approved qualification must be legally incorporated (e.g., not be an unincorporated association) and have the authority and capability to award the approved qualification.   |
| S4.3 | The provider of the approved qualification must be able to accurately describe its corporate form, its governance and lines of accountability in relation to its award of the approved qualification.   |
| S4.4 | The provider must have a named point of contact for the approved qualification.   |
| S4.5 | There must be agreements in place between the trainee, their supervisor and the approved qualification provider that describe their respective roles and responsibilities during periods of clinical experience. These must be regularly reviewed and supported by management plans, systems and policies which prioritise patient safety.  |
| S4.6 | The provider of the approved qualification may be owned by a consortium of organisations or some other combination of separately constituted bodies. Howsoever constituted, the relationship between the constituent organisations and the ownership of the provider responsible for the award of the approved qualification must be clear.   |
| S4.7 | There must be agreements in place between the different organisations/people (if any) that contribute to the delivery and assessment of the outcomes, including during periods of learning in practice. Agreements must define the role and responsibility of each organisation/person, be regularly reviewed and supported by management plans, systems and policies that ensure the delivery and assessment of the outcomes meet these standards. |
| S4.8 | A trainee's supervisor (who must be either a contact lens optician or optometrist) must be trained and supported to carry out their role effectively.   |
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S4.9	A trainee may be supervised by no more than two supervisors at any time, one of whom must assume primary responsibility for the trainee's supervision.
S4.10	<p>The approved qualification must be systematically reviewed, monitored and evaluated across learning environments using best available evidence, and action taken to address any concerns identified. Evidence should demonstrate as a minimum:</p> <ul style="list-style-type: none"> <li>• feedback systems for trainees and their supervisors;</li> <li>• structured systems for quality review and evaluation;</li> <li>• trainee consultative mechanisms;</li> <li>• input and feedback from external stakeholders (patients, employers, supervisors, former trainees, etc); and</li> <li>• evaluation of business intelligence including progression and attainment data.</li> </ul> <p>This will ensure that:</p> <ul style="list-style-type: none"> <li>• provision is relevant, current and informed by evidence, and changes are made promptly to teaching materials and assessment items to reflect significant changes in practice and/or the results of research;</li> <li>• the quality of teaching, learning support and assessment is appropriate; and</li> <li>• the quality of clinical experience, including supervision, is appropriate.</li> </ul>
S4.11	<p>There must be policies and systems in place for:</p> <ul style="list-style-type: none"> <li>• the selection, appointment, support and training of external examiner(s) and/or internal and external moderator(s)/verifiers; and</li> <li>• reporting back on actions taken to external examiners and/or internal and external moderators/verifiers.</li> </ul>
S4.12	Trainees, and anyone who supervises trainees, must be able to provide feedback on progress and raise concerns. Responses to feedback and concerns raised must be recorded and evidenced.
S4.13	Complaints must be considered in accordance with the good practice advice on handling complaints issued by the Office for the Independent Adjudicator for Higher Education in England and Wales (or equivalent).
S4.14	There must be an effective mechanism to identify risks to the quality of the delivery and assessment of the approved qualification and to identify areas requiring attention or development.
S4.15	There must be systems and policies in place to ensure that the GOC is notified of any major events and/or changes to the delivery of the approved qualification, assessment and quality control, its organisation, resourcing and constitution, including responses to relevant regulatory body reviews.

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## 5. Leadership, resources and capacity

Leadership, resources and capacity must be sufficient to ensure the outcomes are delivered and assessed to meet these standards in an academic, professional and clinical context.

### Criteria to meet this standard:

- |      |   |
|------|---|
| S5.1 | There must be robust and transparent mechanisms for identifying, securing and maintaining a sufficient and appropriate level of ongoing resources to deliver the outcomes to meet these standards, including human and physical resources that are fit for purpose and clearly integrated into strategic and business plans. Evaluations of resources and capacity must be evidenced together with evidence of recommendations considered and implemented.  |
| S5.2 | There must be a sufficient and appropriately qualified and experienced staff team. This must include: <ul style="list-style-type: none"> <li>• an appropriately qualified and experienced programme leader, supported to succeed in their role;</li> <li>• sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals benchmarked to comparable provision<sup>3</sup>; and</li> <li>• sufficient supervision of trainee learning in practice by GOC registrants who are appropriately trained and supported in their role.</li> </ul>  |
| S5.3 | There must be policies and systems in place to ensure anyone involved in the approved qualification is appropriately qualified and supported to develop in their role. This must include: <ul style="list-style-type: none"> <li>• opportunities for CPD, including personal, academic and profession-specific development;</li> <li>• for supervisors, opportunity for training and support;</li> <li>• effective induction, supervision, peer support, and mentoring;</li> <li>• realistic workloads for anyone who teaches, assesses or supervises trainees;</li> <li>• for teaching staff, the opportunity to gain teaching qualifications; and</li> <li>• effective appraisal, performance review and career development support.</li> </ul> |
| S5.4 | There must be sufficient and appropriate learning facilities to deliver and assess the outcomes. These must include: <ul style="list-style-type: none"> <li>• sufficient and appropriate library and other information and IT resources;</li> <li>• access to specialist resources, including textbooks, journals, internet and web-based materials; and</li> <li>• specialist teaching, learning and clinical facilities to enable the delivery and assessment of the outcomes.</li> </ul>   |
| S5.5 | Trainees must have effective support for health, wellbeing, conduct, academic, professional and clinical issues.  |

<sup>3</sup> Providers must regularly benchmark their student:staff ratio (SSR) to comparable providers (alongside seeking trainee and stakeholder feedback) to determine if their SSR provides an appropriate level of resource for the teaching and assessment of the outcomes leading to the award of an approved qualification.

## Section 3:

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# Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a Contact Lens Optician

## Introduction

Our quality assurance and enhancement method describes how we will gather evidence to decide, in accordance with the Act, whether a qualification for specialist entry to the GOC register as a contact lens optician meets the outcomes for approved qualifications and standards for approved qualifications. This method statement is common to all qualifications for specialist entry to the GOC register.

We will use the outcomes for approved qualifications, standards for approved qualifications and quality assurance and enhancement method together to decide whether to approve a qualification for specialist entry to the GOC register.

The design of the new quality assurance and enhancement method supports our outcomes-orientated approach. It moves away from seeking assurance that requirements are met by measuring inputs to evidencing outcomes. This reflects approaches taken by other statutory healthcare regulators, professional and chartered bodies.

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

Underpinning our approach is a greater emphasis on the views of patients, service-users, the public, NHS, commissioners of training and education, and employers, as well as the views of trainees and previous trainees in the evidence we consider. This is to ensure the qualifications we approve are not only responsive to the needs of patients and service-users but also to the rapidly changing landscape in the delivery of eye-care services across the United Kingdom (UK).

### The method is organised in eight sections:

1. Legal basis for quality assurance and enhancement
2. Quality assurance and enhancement – definitions
3. Geographic scope
4. Arrangements for current (2021) providers of approved and provisionally approved qualifications
5. Approval of new qualifications (from March 2022)
6. Periodic review, annual return, thematic and sample-based review
7. Scope of evidence
8. Decision-making

# Quality Assurance and Enhancement Method

## 1. Legal basis for quality assurance and enhancement

Our powers to undertake quality assurance and enhancement are set out in sections 12 and 13 of the Act. The Act requires the GOC to approve qualifications 'granted to candidates following success in an examination or other form or assessment which in the Council's opinion indicates that the candidate has attained all the outcomes leading to the award of the qualification'.

In part, approval will be based on reports of appointed visitors (called 'Education Visitors') who report to the GOC on the 'nature of the instruction given', the 'sufficiency of the instruction given' and 'the assessments on the results of which approved qualifications are granted' as well as 'any other matters' which the GOC may decide.

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

## 2. Quality assurance and enhancement – definitions

Quality assurance provides assurance that the qualifications we approve meet requirements in accordance with the Act for 'adequate knowledge and skill' (section 12(7)(a) of the Act), as described in our outcomes and standards for approved qualifications.

A quality enhancement process goes further than establishing that minimum requirements are met. Enhancement helps us demonstrate we are meeting our statutory obligation to understand both the 'nature' and the 'sufficiency' of instruction provided and in the assessment of trainees, and provides an opportunity to foster innovation and enhance the quality and responsiveness of provision to meet the needs of patients, the public and service-users.

## 3. Geographic scope

In addition to approving qualifications in the UK we may also approve qualifications outside the UK, provided that these are taught and assessed in either English or Welsh. Assurance and enhancement activity undertaken outside the UK will be charged for on a full cost recovery basis.

## 4. Arrangements for current (2022) providers of approved and provisionally approved qualifications

From March 2022 we began working with each provider of GOC-approved and provisionally approved post-registration qualifications to understand at what pace providers will be able to adapt their existing qualifications or develop new qualifications to meet the outcomes and standards.

We anticipate most providers will work towards admitting trainees to approved qualifications that meet the outcomes and standards from September 2023.

Separate arrangements will be made with ABDO to ensure that the route to specialist entry to the GOC register is maintained for trainees who graduate from qualifications approved before 2022.

Providers of currently approved qualifications and provisionally approved qualifications will have three options for adapting their existing qualifications or developing new qualifications to meet the outcomes and standards for approved qualifications:

- a. adapt an existing approved or provisionally approved qualification and seek approval (as a course change) to a timescale agreed with us;
- b. 'teach out' an existing approved qualification or provisionally approved qualification to a timescale agreed with us, alongside developing, seeking approval for and recruiting to a 'new' qualification (using the process described in section 5 below); and
- c. 'teach out' an existing approved qualification or provisionally approved qualification to a timescale agreed by us and partner with another organisation(s) or institution(s) to develop, seek approval for and recruit to a 'new' qualification (using the process described in section 5 below).

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

During the transitional phase, the 'Visit Handbook Guidelines for the Approval of: [A] Training Institutions; and [B] Providers of Schemes for Registration for United Kingdom Trained Contact Lens Opticians' (2007), including the list of required core competences, the numerical requirements for trainees' practical experiences, education policies and guidance contained within the handbooks, and our policies on supervision and recognition of prior learning will apply to all existing (2021) GOC-approved and provisionally approved qualifications during the teach out or migration phase.



## 5. Approval of new qualifications (from March 2022)

We will consider applications for approval of qualifications not currently approved in accordance with the risk-based staged approach described below.

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

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

- a. lower risk: a new qualification developed by an existing provider of approved speciality qualifications or provisionally approved speciality qualifications (option b. in section 4 above);
- b. medium risk: a new qualification developed by a provider in a partnership or contractual arrangement with one or more organisations or institutions, one or more of which may have experience of awarding a speciality qualification approved by us; and
- c. higher risk: a new qualification developed by a provider with limited or no experience of awarding a speciality qualification approved by us.

All new qualifications not currently approved by us applying for GOC approval on or after March 2022 will be expected to meet the outcomes and standards in accordance with the stages outlined below.

### Staged approach to qualification approval (for approval of new qualifications)

#### Stage one

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

#### Stage two

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

#### Stage three

The purpose of stage three will be to assess the readiness of the provider to begin recruiting trainees. The focus will be on detailed curriculum and assessment design, approach to recruitment and selection of trainees, and preparedness to commence delivery of the approved qualification. Stage three will confirm that the resourcing of the qualification, as described in stages one and two, is in place (including, for applications stratified as medium or higher risk, investment in key appointments and infrastructure made between stages two and three). By stage three the provider will also be expected to evidence good progress in implementing plans approved at stage two. As stage three represents a higher risk to the GOC in terms of its decision-making, the evidence to support stage three will normally be a written submission, based on the evidence framework and an on-site (or virtual) visit based on the format of a periodic review. The specification of the periodic review required will be informed by the qualification's risk profile. Stage three may be repeated, particularly for applications stratified as medium or higher risk, until there is confidence the outcomes and standards are likely to be met and the provider is ready to move on to stage four. The output of stage three will be permission to commence recruiting trainees. Providers are reminded that the qualification is not approved until a decision of Council is made at stage five, and to ensure recruitment and advertising material conforms to our standard conditions of approval.

### Stage four (a,b,c, etc.)

Stage four is repeated each year (where required if a course is longer than 12 months) until the first cohort of trainees, or trainees migrated across into the programme, reach the final year's study. The focus of stage four is on the delivery and assessment of the integrated qualification, including its staffing, resourcing and infrastructure, risk mitigation and progress in implementing plans approved at earlier stages, alongside preparedness for the delivery for the next (where required), and most importantly, final, academic year. At stage four patient, service-user, employer, commissioner and public engagement in qualification delivery, assessment and review is expected, along with evidence of an increasing volume of inter-professional learning and patient-facing learning and experience as trainees progress through the qualification. At stage four (a, b, c, etc.) the provider's preparedness for, and implementation of, its plan for the integration of patient-facing learning and experience will be examined, as well as its reflections on implementing plans approved at earlier stages, and any changes it proposes to make to the qualification as a result of trainee and stakeholder feedback. As stage four represents a higher risk to us in terms of our decision-making, the evidence to support stage four will normally be a written submission, based on the evidence framework and, for applications stratified as lower risk, a meeting with us either on site or at our offices (or virtually if necessary). For applications stratified as medium or higher risk, the meeting will take the form of an on-site (or virtual) visit based on the format of a periodic review. As at other stages, stage four may result in conditions being imposed, which can include halting recruitment for one or more cohorts, until we are reassured that the outcomes and standards are likely to be met and the provider is ready to move on to stage five.

If a provider is asked to halt recruitment and/or if the decision is that there is no confidence the provider is ready to move to stage five, the provider may cease to be considered for GOC approval, and trainees will not be eligible for specialty registration. In these circumstances, the provider must inform us how the interests of trainees currently studying on the qualification will be best served, either by transferring to an alternative provider or by being offered an alternative academic award; any costs incurred will be the responsibility of the provider.

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

### Stage five

Stage five considers an approved qualification's ability to meet the outcomes and standards. It is the final stage of the process and takes place in the academic year in which the first cohort of trainees will graduate – where a programme is no longer than 12 months, stages 4 and 5 may be merged. The evidence to support stage five will normally be a written submission, based on the evidence framework, alongside a periodic review and our attendance at the provider's final examination board (or equivalent). The specification for the periodic review will be based on the evidence framework and the risk stratification of the qualification, which includes factors such as, but not limited to the results of stages one to four, discharge of previously applied conditions and/or any serious concerns reviews and a sample-based review of the outcomes. The prime purpose of a stage five periodic review is assurance about whether the outcomes and standards are met. Depending on whether the application is stratified as lower, medium or higher risk, the periodic review may be desk-based, involve an on-site visit or visits, and/or physical or virtual meetings.

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

A provider's progress through the staged process for approving a new qualification is advisory only until Council decides whether or not to approve the new qualification. This must be made clear to all trainees and applicants until the qualification is approved by Council.

## 6. Periodic review, annual return, thematic and sample-based review

Four methods of assurance and enhancement will together provide insight as to whether a qualification continues to meet our outcomes and standards:

- periodic review (of approved qualifications);
- annual return (of approved qualifications);
- thematic review (of standards); and
- sample-based review (of outcomes).

### Periodic review

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

### Annual return

All approved qualifications must submit an annual return, which is a key part of our assurance method. We will publish the specification for annual returns from time to time, together with the timeframe for the annual returns. Failure to submit an annual return may contribute to a decision to refuse or withdraw a qualification's approval. Information submitted as part of a qualification's annual return will inform our risk stratification, the timing and specification of periodic review and the basis for our thematic and sample-based reviews. We may publish a summary report of annual returns from time to time.

### Thematic and sample-based reviews

Thematic and sample-based reviews will be a key part of our enhancement method, providing evidence of the 'nature' and 'sufficiency' of approved qualifications and their assessment. They are both an assurance and an enhancement activity. Their focus is to draw out key themes, identify and share good practice, and address risk in an approved qualification or a group of approved qualifications. Thematic and sample-based reviews may be on a profession-specific/regional/national and/or UK basis. All approved qualifications must participate in thematic and sample-based reviews if required.

We will publish the specification for a thematic review from time to time, which will be based on the criteria contained in the standards, together with the timeframe for participation.

The focus of sample-based reviews will be the outcomes, to better understand how an outcome is introduced, developed, assessed and integrated within an approved qualification, how a trainee's achievement of the outcome at the appropriate level (at Miller's Pyramid) is measured and the pedagogic approaches underpinning its teaching and assessment. Like thematic reviews, we will publish the specification for a sample-based review from time to time,

along with the timeframe for participation by the GOC. Sample-based and thematic reviews may be undertaken as part of a periodic review and undertaken directly by us and/or commissioned from an external contractor.

Alongside annual reviews, thematic and sample-based reviews will inform our risk stratification of approved qualifications and the timing and focus of periodic reviews. We may publish a summary report of thematic and sample-based reviews from time to time.

## 7. Scope of evidence

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

Providers are encouraged to have an early conversation with our Education team to ensure appropriate application of our standards in the light of the context, duration or location (e.g. for qualifications awarded by specialist institutions or higher education providers outside the UK) of the qualification.

Evidence sources providers may wish to consider including or referencing within their evidence framework template may include (but are not limited to) those outlined below.

### In relation to the outcomes:

- Programme specifications, module descriptors, unit handbooks, module or unit evaluation reports, curricula, timetables, mapping of outcomes to programme specification, indicative documents/subject benchmarks, examples of teaching and assessment materials.
- Description of assessment strategy and approaches to standard setting, copies of academic regulations, policies for the quality control of assessments, examples of assessment schemes, mark sheets, model answers.
- External examiner reports and evidence of responses to issues raised, reports from internal and external moderators/verifiers, copies of external examiner / internal and external moderator/verifier recruitment, retention and training/support policies, examination board terms of reference, minutes.

- Trainee feedback, and evidence of responses to issues raised.
- Evidence of stakeholder engagement and feedback, including from patients and carers, in qualification design, delivery and assessment, and evidence of responses to issues raised.
- Description of facilities and resource utilisation to support the teaching and assessment of the outcomes, supervision policies and safe practice.

#### In relation to the standards:

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

supervision policies; evidence of training of and feedback from placement providers; progression data, equality and diversity data.

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

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

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

## 8. Decision-making

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

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

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

### Date of approval

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

### Standard conditions

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

### Conditions, recommendations and requests for information

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

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

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

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

### Notifications of changes and events

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

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

### Serious concerns review

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

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

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

### Withdrawal

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

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

### Appeal

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

# Annex A:

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## Note on Process of Constructing Outcomes for Contact Lens Opticians

## Note on Process of Constructing Outcomes for Contact Lens Opticians

Step one of the process involved conducting a gap analysis between our current education requirements and the needs of Contact Lens Opticians in the next five to ten years.

Step two involved selecting relevant frameworks to underpin the development of outcomes. These included Miller's Pyramid of Clinical Competence, an established competence and assessment hierarchy (see right).

Step three of the process involved identifying categories of outcomes and content within those categories to be developed into individual outcome criteria, in the context of the new education and training requirements for dispensing opticians and optometrists.

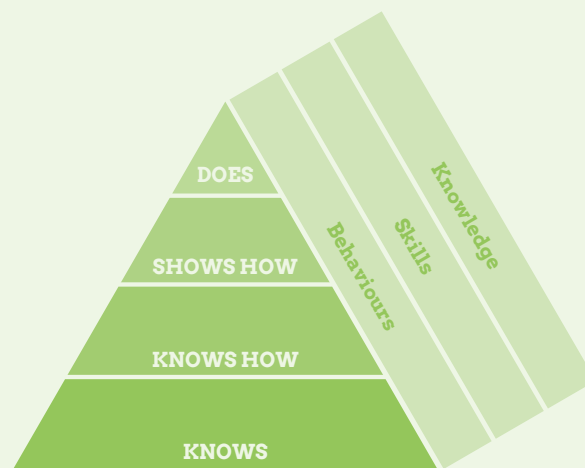
Step four involved scoping individual outcomes with reference to existing competencies and an assessment of the needs of Contact Lens Opticians in the next five to ten years.

Step five involved allocating levels on Miller's Pyramid to each outcome criterion to inform the assessment requirements.

The final step of the process (step six) involved reviewing the construction of the outcome criteria, the assigned levels from Miller's Pyramid and the use of verbs.

Overarching statements were also developed for each of the outcome categories. Central to this process was the advice received from the Expert Advisory Groups (EAGs) for Contact Lens Opticians, feedback gained through consultation and the verification of the outcomes using the Delphi method.

### Miller's Pyramid has four levels:



1. Knows (Knowledge that may be applied in the future)
2. Knows how (Knows how to apply knowledge and skills in a defined context or situation)
3. Shows how (Applies knowledge, skill and behaviour in a simulated environment or in real life repeatedly and reliably)
4. Does (Acting independently and consistently in a complex situation of an everyday or familiar context repeatedly and reliably)

# Annex B:

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# Acknowledgements



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\* GOC Expert Advisory Group member roles correct at time of service

## Glossary

### Acceptance criteria

The acceptance criteria are a fitness to practise case management tool used by the General Optical Council (GOC) to decide whether to accept a complaint as an allegation of impaired fitness to practise as defined by section 13D of the Opticians Act 1989 ('the Act').

### Annual return

Providers of approved qualifications must submit an annual return, a key part of the GOC's assurance method. The specification for the annual return will be published along with the timeframe for the annual return by the GOC from time to time.

### Approved qualifications

Qualifications approved by the GOC in accordance with the Act.

### Contact Lens Opticians

Contact Lens Opticians take responsibility for fitting and providing aftercare for patients with contact lenses.

### Core competencies

The core five competencies for each area of contact lens practice were published in 2011 which accompany the GOC's Handbook for Dispensing Optics Specialist Registration for Contact Lens Opticians (2007). From March 2022, the core competencies were replaced by the outcomes for registration for new education programmes.

### Council

The GOC Council is made up of 12 registrant and lay members and sets the strategic direction of the organisation.

### Continuing Professional Development (CPD)

A statutory requirement for all registered optometrists and dispensing opticians to ensure they maintain the up-to-date skills and knowledge needed to practise safely and effectively throughout their career. The GOC is rebranding its Continuing Education and Training (CET) scheme to CPD with a focus on individual responsibility for professional development within a registrant's personal scope of practice.

### Dispensing optician

A GOC registrant who fits and supplies glasses or low vision aids.

### Dispensing optics / optical dispensing

The act of issuing an optical appliance to protect against hazards or to correct, remedy or relieve defects of vision.

### Education visitors / Education Visitor Panel

The Act gives the GOC powers to appoint visitors to report to the GOC on the 'nature of the instruction given', the 'sufficiency of the instruction given' and 'the assessments on the results of which approved qualifications are granted', as well as 'any other matters' which the GOC may decide.

### Equality, diversity and inclusion (EDI) / protected characteristics

There are eight relevant protected characteristics in the Equality Act 2010, namely: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Marriage and civil partnership as a protected characteristic apply only to employment and is not a relevant characteristic in terms of section 149 of the Equality Act 2010.

### Expert Advisory Groups (EAGs)

Advisory groups tasked with developing and preparing for approval updated education and training requirements for GOC-approved qualifications.

### Fitness to practise

A registrant's ability to carry out their professional duties as outlined in the Act and the GOC's Standards of Practice for Optometrists and Dispensing Opticians.

### FHEQ, CQFW or SCQF/FQHEIS

FHEQ: Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies in England, Wales and Northern Ireland; CQFW: Credit and Qualifications Framework Wales; SCQF: Scottish Credit and Qualifications Framework; FQHEIS: The Framework for Qualifications of Higher Education Institutions in Scotland. Please see descriptors by the Quality Assurance Agency for Higher Education for more detail on each of the frameworks.

### Miller's Pyramid/triangle of clinical competence

Established competence and assessment hierarchy (knows, knows how, shows how, and does).

### OSCE

Objective structured clinical examination.

**Optometrist**

A GOC registrant who is responsible for the examination of the eyes including the detection and management of ocular conditions and the prescription and fitting of optical appliances.

**Optometry**

The occupation of examining the eyes including the detection and management of ocular conditions and the prescription and fitting of optical appliances.

**Outcomes for registration**

The outcomes for registration describe the expected knowledge, skills and behaviours a dispensing optician or optometrist must have at the point they qualify and join the register with the GOC.

**Patient outcomes**

The results of the healthcare service that a patient receives.

**Periodic review**

Considers an approved qualification's ability to meet or continue to meet the outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician. It may be desk-based, involve an on-site visit or visits, and/or physical or virtual meetings.

**Risk stratification**

The process of assigning risk status to education and training providers within the quality assurance and enhancement method.

**RQF level**

The Regulated Qualifications Framework (RQF) for general and vocational qualifications regulated by The Office of Qualifications and Examinations Regulation (Ofqual) in England.

**Sample-based review**

Focused on the outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician; to better understand how an outcome is introduced, developed, assessed and integrated within an approved qualification, how a student's achievement of the outcome at the right level (at Miller's Pyramid) is measured and the pedagogic approaches underpinning its teaching and assessment.

**Scope of practice**

The activities a healthcare professional carries out within their professional role which will change over time as their knowledge, skills and experience develops. The healthcare professional must keep within their scope of practice to ensure these activities are delivered lawfully, safely, and effectively.

**Student:staff ratio (SSR)**

SSR is the total number of students per member of academic teaching staff. The SSR is calculated using the student and staff full-time equivalent (FTE).

**Standards for approved qualifications**

Standards that describe the expected context for the delivery and assessment of the outcomes leading to an award of an approved qualification.

**Standards of Practice for Optometrists and Dispensing Opticians**

The GOC's Standards of Practice for Optometrists and Dispensing Opticians, published in April 2016, define the standards of behaviour and performance expected of all registered optometrists and dispensing opticians.

**Thematic review**

Focused on the criteria contained within the standards for approved qualifications.