

**Education and training requirements for
GOC-approved qualifications for
specialist entry to the GOC register as a
Contact Lens Optician**

Consultation report

General Optical Council

January 2022

Thornhill Brigg Mill, Thornhill Beck Lane, Brighouse, West Yorkshire, HD6 4AH

T: 01484 404797 W: www.enventure.co.uk

Report prepared by:

Matt Thurman
matt@enventure.co.uk

Andrew Cameron
andrew@enventure.co.uk

Katie Osborne
katie@enventure.co.uk

Enventure Research

Head Office:

Thornhill Brigg Mill, Thornhill Beck Lane, Brighouse, West Yorkshire HD6 4AH
T: 01484 404797

London Office:

Smithfield Business Centre, 5 St John's Lane, London, EC1M 4BH
T: 0207 549 1616

W: www.enventure.co.uk E: info@enventure.co.uk

Reg no: 4693096
VAT no: 816927894



Contents

Executive Summary.....	4
1. About this consultation	9
2. Methodology.....	12
3. Reading this report	14
4. Consultation survey response	16
4.1 Outcomes for Approved Qualifications for specialist entry to the GOC register as a contact lens optician.....	16
4.2 Standards for Approved Qualifications for Specialist Entry to the GOC Register as a contact lens optician.....	19
4.3 Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a contact lens optician	22
4.4 Replacing the Quality Assurance Handbooks.....	24
4.5 Impact of proposals	29
5. Registrant focus group feedback	33
5.1 Academic award or regulated qualification	33
5.2 Removing the duration and location requirements for clinical experience	35
5.3 Providers must involve feedback from stakeholders	39
5.4 Use of an outcomes-based approach via Miller’s Pyramid of Clinical Competence	41
5.5 Providers to be responsible for the assessment and achievement of approved qualifications.....	42
5.6 Providers are responsible for recruiting trainees to course programmes, recognition of prior learning	45
5.7 Outcomes.....	47
6. Patient focus group feedback	54
Appendix A – Consultation questionnaire	
Appendix B – Detailed free-text consultation responses	
Appendix C – Registrant focus group discussion guide	
Appendix D – Patient focus group discussion guide	

Executive Summary

Introduction

As part of its strategic plan, the General Optical Council (GOC) is committed to delivering and implementing a strategic review of optical education and training to ensure that the qualifications it approves 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.

Once an optometrist or dispensing optician is registered with the GOC, they may wish to practice in areas of specialist skill and knowledge, which requires additional training and qualification. Once specialist training is completed and their competence assessed, practitioners then register their specialty with the GOC. Continuing its strategic review of optical education and training, the GOC has reviewed the contact lens optician specialty qualification that it approves for dispensing opticians.

To ensure that the current requirements for approved specialist qualifications do not cause increased risk by becoming out of date, and to ensure the qualifications the GOC approves in the future respond to the way the optical sector is evolving, the GOC plans to replace the current handbooks, competencies, and guidance with three new documents:

- Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician
- Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician
- Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a Contact Lens Optician

To understand the potential impacts of these proposed changes on all stakeholder groups, the GOC conducted a public consultation entitled 'Education and Training Requirements for GOC-Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician'. Enventure Research, an independent research agency, was commissioned by the GOC to support in the delivery of this consultation, completing independent analysis of the results and feedback. The findings of the consultation are presented in this report.

Methodology

A mixed-methodology approach, including both quantitative and qualitative methods, was used for this consultation, including:

- An online consultation survey, delivered by the GOC via the Citizen Space platform, which received 29 responses over a 15 week period
- Online focus groups with GOC registrants, delivered by Enventure Research
- Online focus groups with optical patients, delivered by Enventure Research

A more detailed description of the methodology for this research can be found in chapter 2 of this report.

Key findings

The following pages present some of the key findings from this consultation, following the structure of the report. For more detail, please see the relevant chapters within this report.

Consultation survey response

Consultation survey respondents answered a series of questions in relation to the three proposed documents that will replace the current handbook, competencies and guidance.

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

- 79% of respondents thought this document would have a positive impact on the expected knowledge, skill and behaviour of future contact lens opticians
- 10% thought it would have a negative impact, and 10% that it would have no impact
- 33% thought there was something missing from this document or that should be changed. This included suggested changes to the level of assessment assigned to specific outcomes, wording, or technical details

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

- 72% of respondents thought this document would have a positive impact on the expected knowledge, skill and behaviour of future contact lens opticians
- 10% thought it would have a negative impact, and 17% that it would have no impact
- 38% thought there was something missing from this document or that should be changed. This included further suggestions to change the wording of the document in some areas to better align it with the Standards for the Dispensing Optician qualification, and references to the removal of the minimum time requirement for clinical experience

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

- Just 10% thought there was something missing from this document or that should be changed
- Of the two responses provided, one referenced the need for providers to have access to relevant paperwork before implementing the new qualification, and the other highlighted support for the document and its emphasis on stakeholder engagement

Replacing the quality assurance handbook and related policies

- 66% of respondents agreed with the proposal to replace the handbooks and related policies for contact lens opticians with the proposed three new documents (Outcomes, Standards, Quality Assurance and Enhancement Method). 14% disagreed with this proposal, and another 21% neither agreed nor disagreed
- Comments provided included:
 - The proposals provide more ways to qualify
 - The proposals will help to ensure contact lens opticians will practise safely and respond to the changing nature of clinical practice
 - The documents are well-considered, robust and detailed
 - The proposals are welcomed and timely
 - Some concerns about the rationale for the proposals and potential inconsistency
 - Concern about the removal of minimum duration requirements for the qualification
 - The proposals offer little change from the current system

Impact of proposals

- The majority of survey respondents reported no positive or negative impacts of the proposals on certain individuals or groups
- Very small numbers reported that the proposals may benefit certain groups, including pregnancy and maternity (4 respondents), disability (3 responses), gender reassignment (2 responses), and religion or belief (2 responses)
- Explanations provided related to there being no perceived barriers for any groups or individuals, and increased flexibility for registrants to complete the qualification which would help those who may become ill or who may take a career break to have children, and those with family commitments
- 48% of respondents thought that the proposed changes will positively impact other individuals or groups, and 24% thought the changes would negatively impact other individuals or groups
- Explanations provided included:
 - Positive impact on maintaining or reducing the cost of training
 - Negative impact on the potential lowering of pay for contact lens opticians, and the reduction of standards posing a risk to the public

Registrant focus group feedback

The following paragraphs summarise feedback from five registrant focus group discussions. During the groups, participants discussed six key proposals of the consultation.

Academic award or regulated qualification

- Most participants agreed that this was an appropriate level of qualification which recognises the knowledge and skill required from contact lens opticians
- Some thought it could be set at a higher level to exceed the dispensing optician qualification, but it was accepted this may not be possible or practical

Removing the duration and location requirements for clinical experience

- This change was viewed by some participants as providing increased flexibility for trainees and employers due to the current difficulties experienced when arranging clinical experience, often alongside dispensing optician duties
- This proposal could be seen to represent a move towards true learning and away from 'box-ticking'
- A number of participants expressed concerns about removing the minimum time requirements for clinical experience and the ambiguity of the word 'approximately' in reference to the 225 hours
- It was suggested this proposal may pose the risk of trainees not gaining enough clinical experience, which could impact standards in the profession and patient safety

Providers must involve feedback from stakeholders

- This proposal was viewed by the majority of participants as an expected aspect of the provision of a training course, with clear benefits to including feedback from all relevant stakeholders, and was therefore viewed in a positive light
- Some participants highlighted the importance of ensuring feedback from stakeholders is fairly weighted to avoid anyone having an unfair say in the design, delivery and assessment of the qualification
- A smaller number of participants questioned the relevance of gaining feedback from all the stakeholders listed in the proposal, particularly patients and other healthcare professionals

Use of an outcomes-based approach via Miller's Pyramid of Clinical Competence

- Feedback for this proposal was generally positive, as participants felt adopting Miller's Pyramid was a logical choice as it was already used for the dispensing optician qualification and in other healthcare professions
- This approach was also perceived to be easy to understand, providing consistency across optometry qualifications and flexibility for providers
- Some participants felt that the assessment should focus more on 'shows how' and 'does' than 'knows' and 'knows how', explaining that the demonstration of clinical skills is crucial

Providers to be responsible for the assessment and achievement of approved qualifications

- Concerns were expressed about how consistency would be maintained in the assessment of this qualification if it was the responsibility of providers
- However, it was also discussed that this could be overcome by careful regulation from the GOC
- Some participants highlighted potential benefits of this proposal, such as increased accessibility and improved standards

Providers are responsible for recruiting trainees to course programmes, recognition of prior learning

- Participants were in agreement with the proposal for providers having responsibility for the recruitment of trainees, explaining that this seemed logical and that they already assumed this was the case
- The proposal to recognise prior learning to assist the progression of trainees whose progress to specialist registration has stalled was generally viewed as a positive change, as it would make the process more flexible for those who may have to take time away from work, those who struggle to find clinical experience, and those who have begun their education outside the UK
- Some questioned how prior learning would be measured to ensure the approach was fair

Outcomes for Approved Qualifications

- Each outcome from the Outcomes for Approved Qualifications document was reviewed by registrant focus group participants. Generally, participants were supportive of the outcomes, explaining that they were reasonable, realistic, and achievable
- Most suggestions from participants for changes focused on changing the level of assessment on Miller's Pyramid (often increasing it, but in some cases decreasing it)

Patient focus group feedback

The following summarises feedback from two patient focus group discussions. Participants were members of the public who currently used contact lenses at least once a week.

- Patient participants discussed their reasons for deciding to try contact lenses, which were a mixture of aesthetic reasons (not liking how they looked wearing glasses) and practical reasons (not being able to wear glasses when playing sports)
- When discussing their experiences of wearing contact lenses, some participants reported some teething issues when first starting to wear them, and others reported problems with dry and irritated eyes. However, in general, experiences of wearing contact lenses were positive, and most participants said they would recommend wearing them to others
- Some participants said they would recommend wearing contact lenses to others, but with the caveat of ensuring they take care of their eye health and do not over-wear their lenses
- Reported experiences of visiting an opticians for contact lenses were positive

- Although there was little awareness of how optical professionals are regulated, there was an assumption that they are required to be suitably qualified to provide services
- Most participants felt the information they received during their contact lens appointment, such as how to care for, clean and store their lenses, was of a high standard
- There was some awareness amongst participants of the different roles within an optical practice, but most were not clear on what each role was responsible for
- Most participants were unaware of the specific contact lens optician role, but explained that they could see benefits to having this role in an optical practice, such as patients receiving a better standard of specialised care, and being able to more easily see a practitioner who can meet their eye care needs
- Generally, participants said they would be happy to see a contact lens optician, as they assumed they would be adequately trained and knowledgeable, and some suggested that they may receive a better level of service due to the specialist role
- However, some participants explained they would prefer to see an optometrist, typically if a patient had more complex eye health needs
- Some participants felt that it would be beneficial for patients to receive more information about the role of contact lens opticians as it could provide more clarity, allowing patients to understand what a contact lens optician is qualified to do

1. About this consultation

1.1 Background

- 1.1.1 The General Optical Council (GOC) is the regulator for the optical professions of optometry and dispensing optics in the UK, with the overarching statutory purpose to protect, promote and maintain the health and safety of the public.
- 1.1.2 To be registered as an optometrist or a dispensing optician with the GOC and practise in the UK, optometrist and dispensing optician students must complete General Optical Council approved qualification(s).
- 1.1.3 In recent years, the optical sector has changed and continues to evolve, resulting in the services that GOC registrants are expected to deliver changing to meet patient and service user needs. The main driving forces behind these changes are the increased prevalence of certain long-term health conditions and co-morbidities amongst an ageing population, the expanding roles of optical professionals, developments in technology, and system changes to the way healthcare is commissioned and delivered across the UK.
- 1.1.4 As part of its strategic plan, the GOC is committed to delivering and implementing a strategic review of optical education and training to ensure that the qualifications it approves 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.
- 1.1.5 In 2016, the GOC launched the Education Strategic Review (ESR), which aimed to review and make recommendations on how the system of optical education and training should evolve so that registrants are equipped to carry out the roles they will be expected to perform in the future.
- 1.1.6 In February 2021, the GOC updated its requirements for approved qualifications for optometrists and dispensing opticians.
- 1.1.7 Once an optometrist or dispensing optician is registered with the GOC, they may wish to practice in areas of specialist skill and knowledge, which requires additional training and qualification. Once specialist training is completed and their competence assessed, practitioners then register their specialty with the GOC. Continuing its strategic review of optical education and training, the GOC has reviewed the Contact Lens Optician specialty qualification that it approves for dispensing opticians.
- 1.1.8 To ensure that the current requirements for approved specialist qualifications do not cause increased risk by becoming out of date, and to ensure the qualifications the GOC approves in the future respond to the way the optical sector is changing, the GOC plans to replace the current handbook, competencies, and guidance ('Visit Handbook Guidelines for the Approval of: A) Training Institutions; and B) Providers for Schemes for Registration for United Kingdom Contact Lens Opticians' (2007) and the 'Contact Lens Speciality Core Competencies' (2011) including the list of required core competencies, numerical requirements for trainees' practical experiences, education policies and guidance contained within the handbooks, and policies on supervision and recognition of prior learning) with three new documents:

- Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician
- Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician
- Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a Contact Lens Optician

1.1.9 The GOC has conducted a public consultation, entitled 'Education and Training Requirements for GOC-Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician', to understand the potential impacts of the proposed changes on all key stakeholder groups. The GOC and Enventure Research, an independent research agency, designed an online survey to collect responses to the consultation. Additionally, Enventure Research conducted supplementary consultation activity in the form of qualitative research.

1.1.10 Enventure Research has independently analysed the data collected via the online consultation survey, combined with the feedback collated via the qualitative consultation activity. The findings of the consultation are presented in this report.

1.2 The documents for consultation

1.2.1 The consultation sought views on replacing the current handbook, competencies, and guidance with:

- Proposed '**Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician**', which 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.
- Proposed '**Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician**', which 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.
- Proposed '**Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a Contact Lens Optician**', which describes how the GOC will gather evidence to decide in accordance with the Opticians Act 1989 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.

1.2.2 The aim of these documents is to ensure that specialist qualifications the GOC approves in the future are responsive to the rapidly changing landscape in the commissioning of eye care services in each of the devolved nations. The GOC believes that the documents respond to the changing needs of patients and service users and changes in higher education, and will meet the expectations of the student community and their future employers.

1.2.3 In preparing these documents, the GOC has utilised analysis of responses to its Call for Evidence, Concepts and Principles Consultation 2017-2018, feedback from the 2018-2019 consultation on proposals stemming from the ESR and associated research, a public consultation held in July-September 2020, the advice provided by an Expert Advisory Group (EAG) and feedback from a

range of stakeholder groups including Education Visitors, an Advisory Panel (including Education and Standards Committee), the optical sector, and sight-loss charities.

- 1.2.4 For each section of this report that presents the consultation feedback, more detail will be provided about each document.

1.3 Key proposals

- 1.3.1 The three new documents set out a number of key proposals that will change the education and training requirements for GOC-approved qualifications for specialist entry to the GOC register as a contact lens optician. These proposals are summarised below:

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

b. 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.

c. 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.

d. 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.

e. 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).

f. 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.

g. 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.

2. Methodology

2.1 Overview

2.1.1 A phased mixed-methodology approach, including both quantitative and qualitative methods, was used for this consultation, including:

- An online consultation survey
- Focus groups with GOC registrants
- Focus groups with optical patients

2.2 Online consultation survey

2.2.1 A consultation questionnaire was designed by the GOC, with advice from Enventure Research, to ask questions relating to the proposed documents and the impact they would have. It was designed to allow completion by a range of stakeholders, including both individual and organisational responses. For reference, a copy of the consultation questionnaire can be found in **Appendix A**.

2.2.2 The online survey was managed and promoted by the GOC and hosted online via the Citizen Space platform. The consultation ran for 15 weeks from 20 September 2021 to 3 January 2022. During this time, 29 responses were received.

2.2.3 The majority of responses were from individuals (21) and the rest (8) were from organisations. **Figure 1** below shows that, of individual responses, 10 came from contact lens opticians.

Figure 1 – Individual respondent type

Base: All individual respondents (21)

Individual respondent type	Number	%
Contact lens optician	10	48%
Dispensing optician	4	19%
Optometrist	3	14%
Trainee contact lens optician	2	10%
Optometry student	1	5%
Dispensing optician student	1	5%

2.2.4 As shown in **Figure 2**, of the 8 organisational responses received to the consultation survey, three came from optical professional bodies, two came from providers of GOC-approved qualifications, one came from a current CET/CPD provider, and one came from an optical defence/representative body.

Figure 2 – Organisation respondent type

Base: All organisational respondents (8)

Organisation respondent type	Number	%
Optical professional body	3	38%
Provider of GOC-approved qualification(s)	2	25%
Current CET or CPD provider	1	13%
Optical defence/representative body	1	13%

2.2.5 The following organisations took part in the survey and consented to being identified:

- ABDO
- Association of Optometrists (AOP)
- British Contact Lens Association
- FODO - The Association for Eye Care Providers
- Ramesh Lasik and laser centre

2.2.6 Health Education England also submitted a response to the consultation outside the survey and also gave their consent to being identified.

2.3 Qualitative consultation activity

2.3.1 To supplement the quantitative online consultation survey, a programme of qualitative consultation activity was conducted. This included a series of online focus groups with GOC registrants and optical patients.

Online focus groups with registrants

2.3.2 Registrants from the following roles were recruited to attend the focus groups:

- Contact lens opticians
- Trainee contact lens opticians
- Dispensing opticians
- Optometry students
- Dispensing optician students

2.3.3 Five focus groups were held, including representation of registrants from England, Scotland, Wales and Northern Ireland. As far as possible, a range of demographics were also represented across the groups, including a mix of gender, age group, and ethnicity.

2.3.4 A discussion guide was designed to cover the key proposals set out in the consultation in order to direct and stimulate discussion, and gain a more in depth level of insight into attitudes towards the consultation. A copy of the registrant discussion guide can be found in **Appendix C**.

2.3.5 In total, 24 registrants took part in the focus groups. The qualitative consultation activity with registrants took place in November 2021.

Online focus groups with patients

2.3.6 Two focus groups were conducted with optical patients who currently used contact lenses at least once a week to explore a range of topics relevant to the consultation, such as experiences of wearing contact lenses, experiences of visiting an optical practice for contact lenses, and awareness and understanding of the contact lens optician role.

2.3.7 Participants were recruited from a broad range of backgrounds and locations, with each of the devolved nations represented, and there was an equal split by gender and a mix of age groups.

2.3.8 A discussion guide was designed by Enventure Research, a copy of which can be found in **Appendix D**.

2.3.9 Six participants attended each focus group. The qualitative consultation activity with patients took place in November 2021. The feedback from these groups can be found in Chapter 6.

3. Reading this report

3.1 Interpreting survey data

Interpreting percentages

3.1.1 This report contains a number of tables and charts used to display consultation survey data. In some instances, the responses may not add up to 100% or the base size may differ between questions. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- A respondent may not have provided an answer to the question, as questionnaire routing allowed certain questions to only be asked to specific groups of respondents
- Only the most common responses may be shown in the table or chart
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- A response of less than 0.5% will be shown as 0%

3.1.2 For each survey question, the results are shown at an overall level (including all consultation survey responses), and split between individual and organisation responses. Due to the overall sample size of 29, with 21 responses from individuals and 8 from organisations, no direct comparisons between the two respondent types have been made. The results displayed in the charts are therefore indicative only.

Combining response options

3.1.3 The majority of consultation survey questions required respondents to indicate the impact of a proposed change on a scale of 'very positive' to 'very negative'. As differences between responses within this type of Likert scale are often subjective (for example, the difference between those who answered 'very positive impact' and 'positive impact'), these response options have been combined to create a total response. They are presented in charts and tables as *total* results (e.g. 'total positive' and 'total negative').

Open-end responses

3.1.4 A number of questions in the survey allowed respondents to provide open-end responses in order to explain their answers to closed-end questions. These responses were thematically analysed, grouping similar responses together. Due to the small number of responses received to each open-end question, the main themes that have emerged are detailed in the report, supported by example verbatim comments.

3.2 Interpreting qualitative feedback

3.2.1 When interpreting the qualitative research data collected via focus groups, the findings differ to those collected via a quantitative online survey methodology because they are not statistically significant. They are collected to provide additional insight and greater understanding based on in-depth discussion and deliberation, which is not possible via a quantitative survey. For example, if the majority of participants hold a certain opinion, this may or may not apply to the majority of all

registrants or the public. Qualitative findings are collected by speaking in much greater depth to a smaller number of individuals.

- 3.2.2 Focus group discussions were digitally recorded and notes made to draw out common themes and useful quotations. Only common themes are detailed in the report, rather than every viewpoint that was expressed. Verbatim quotations have been used as evidence of qualitative research findings where relevant throughout the report. Quotations from the registrant and patient focus groups are anonymous.

3.3 Terminology and clarifications

- 3.3.1 Throughout this report, those who took part in the online consultation survey are referred to as 'respondents'.
- 3.3.2 Those who took part in focus groups are referred to as 'participants'.
- 3.3.3 In some verbatim quotations, the term 'CLO' has been used to refer to a contact lens optician, 'optom' to refer to an optometrist, and 'DO' to refer to a dispensing optician.
- 3.3.4 The term 'stakeholder' refers to those who took part in the consultation via the online consultation survey as a representative of the wider optical sector.
- 3.3.5 The term 'provider' refers to providers of GOC-approved qualification(s).

4. Consultation survey response

This chapter of the report details the analysis of responses to the GOC’s online consultation survey.

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

Document summary

4.1.1 The proposed ‘Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician’ describe the expected knowledge, skills and behaviours dispensing optician must have to be awarded an approved qualification for specialist entry to the GOC register as a contact lens optician.

4.1.2 GOC-approved qualifications 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 | 4. Verification and identification |
| 2. Person centred care | 5. Contact lens fitting and aftercare |
| 3. Ocular examination | 6. Learning and development |

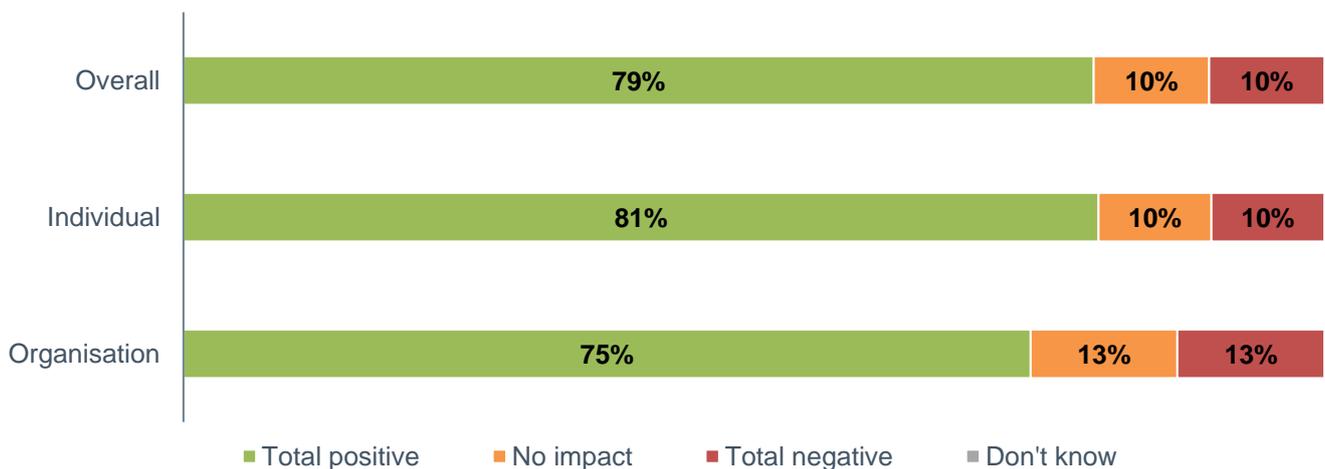
4.1.3 Each category includes an overarching statement and outcomes which must be met if a trainee is to be awarded the approved qualification. Each outcome is described using a level based on an established competence and assessment hierarchy known as ‘Miller’s Pyramid of Clinical Competence’.

Consultation survey response

4.1.4 As shown in **Figure 3**, the majority of respondents thought introducing the proposed ‘Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician’ would have a positive impact on the expected knowledge, skill and behaviour of future contact lens opticians (79%).

Figure 3 – What impact, if any, will introducing the proposed ‘Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician’ have on the expected knowledge, skill and behaviour of future contact lens opticians?

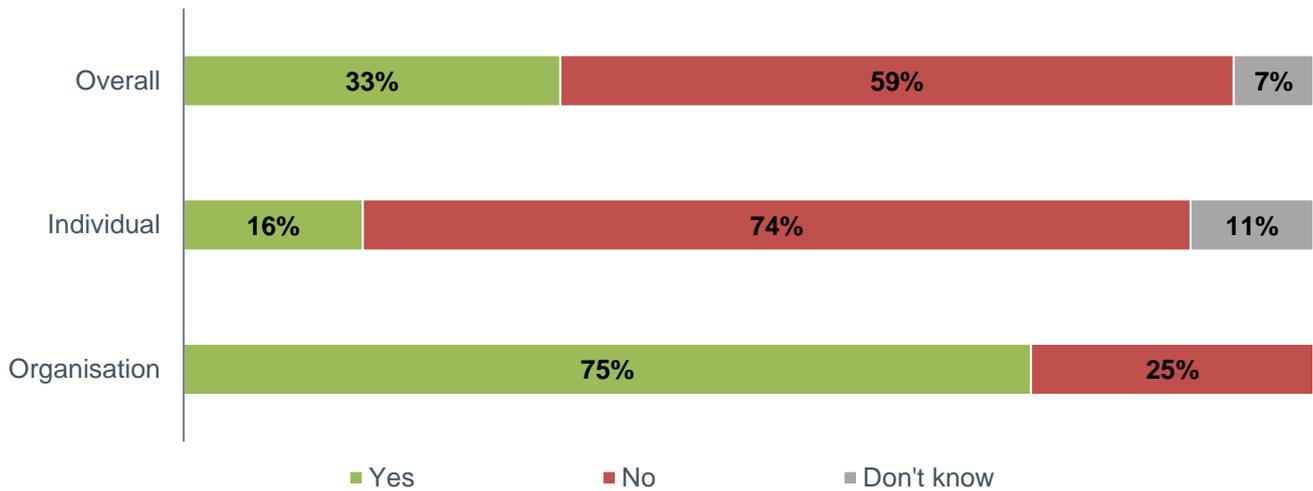
Base: Overall (29); Individual (21); Organisation (8)



4.1.5 As can be seen in **Figure 4**, a third of respondents (9) felt that there was something missing or that should be changed in the criteria in the ‘Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician’ (33%).

Figure 4 – Is there anything in the criteria in the ‘Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician’ that is missing or should be changed?

Base: Overall (29); Individual (21); Organisation (8)



4.1.6 Respondents were asked to explain their answer, thinking about what is missing or should be changed. In total, 10 responses were provided. Most focused on the specific wording and technical details used in the Outcomes document, or questioned how certain outcomes may be assessed in reality. Some of these suggestions included changing the level of assessment criteria on Miller’s Pyramid for certain outcomes. Examples are shown below from the British Contact Lens Association, ABDO, a registered optometrist, and a provider of GOC qualifications. These comments can be found in full in **Appendix B**.

O3.4 – Would this mean that students are diagnosing and managing ocular diseases? How is this different from an optometrist? The scope of conditions ought to be defined

O3.6 – How is this different from an optometrist who needs far more practical training and a 4 year degree?

O5.6 – remove ‘new modalities/materials where applicable’ – just keep to soft and rigid? A variety of modalities/materials clearly exist, perhaps there is little need to include this in the wording.

British Contact Lens Association

O2.2 ‘Good outcome’ should be amended to ‘best outcome’. Although the best outcome may not be achieved it should still be the initial aim.

O2.3 Consider changing the term ‘eye health goals’ to ‘eye health needs’.

ABDO

While we generally support the outcomes, we believe that achieving or assessing these may be challenging due to the way they have been phrased. For example:

O1.1 – Difficult to achieve this outcome (understanding, trust, and respect separately and ensure all are met) with other roles for Contact Lens care but also ensure these are met for other care, separately as well as in combination. This implies 35 different elements need to

be achieved to meet this single outcome. Additionally, there is some ambiguity over how to evidence this in clinical practice.

Optical defence/representative body

O4.3 in line with O4.1 and O4.2 I suggest this will be better assessed as 'knows how' instead of 'show how'

Optometrist

*O5.6 – remove *new modalities/materials where applicable' – just keep to soft and rigid? Obviously a variety of modalities/materials exist but no need to have this wording included?*

O5.12 – should this be knows rather than shows how?

O5.14 Obviously we do not know/can't test on all the local protocols? Understands and applies, where relevant, local protocols and professional guidance on the urgency of referrals e.g. The College of Optometrists' clinical management guidelines.

Provider of GOC approved qualification(s)

- 4.1.7 The Association of Optometrists explained that it would like further information about how the Outcomes will be reviewed on a regular basis in the future to ensure they remain up to date.

We agree with the use of the Miller's learning hierarchy to structure the outcomes for CLOs in order to align these with the education requirements for all the other frameworks leading to GOC optical registration. It would be helpful for the GOC to explain its proposed approach for the future review and update of the outcomes for CLO registration. The optometry therapeutics learning outcomes will need review every 5 years when the RPS framework, which it is mapped to, is revised. Whilst the outcomes for CLOs are not similarly mapped to another framework, there may be benefit in constructing a similar schedule for review in order to ensure the outcomes are kept up to date.

Association of Optometrists

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

Document summary

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.

GOC-approved qualifications will prepare trainees to meet these outcomes for specialist entry to the GOC register. The standards are organised under five categories:

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

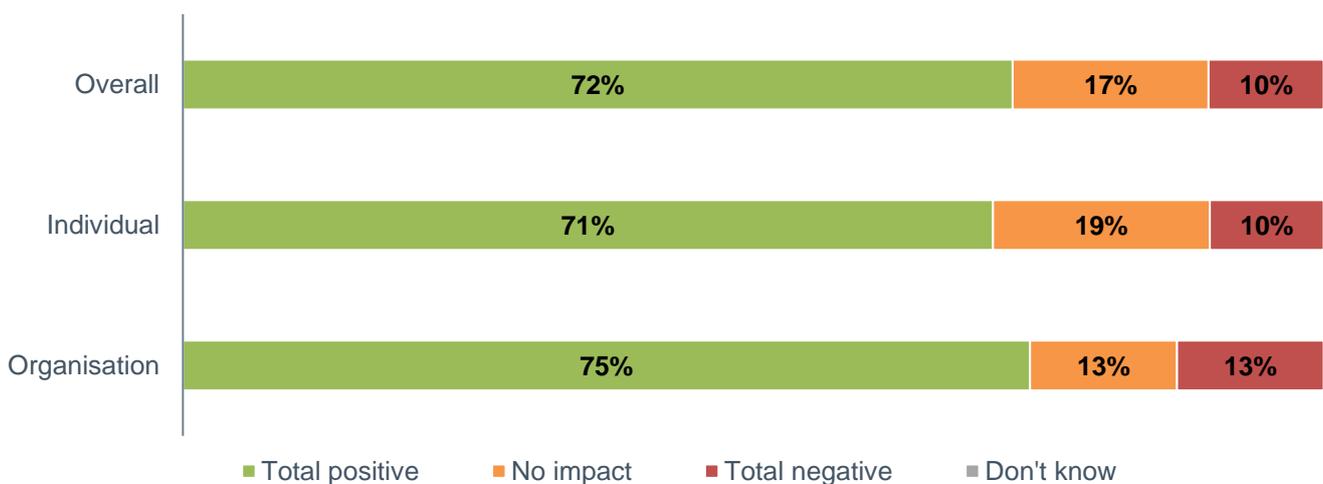
Each category is supported by criteria which must be met for a qualification to be approved.

Consultation survey response

4.2.1 **Figure 5** shows the majority of respondents felt that introducing the proposed ‘Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician’ would have a positive impact on the expected knowledge, skill and behaviour of future contact lens opticians (72%).

Figure 5 – What impact, if any, will introducing the proposed ‘Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician’ have on the expected knowledge, skill and behaviour of future contact lens opticians?

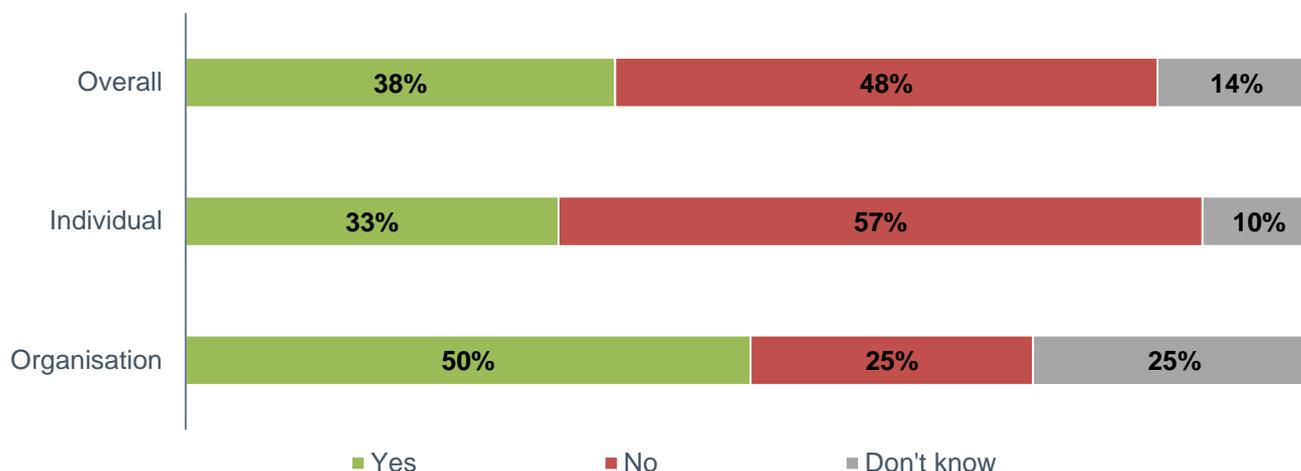
Base: Overall (29); Individual (21); Organisation (8)



4.2.2 Almost two in five respondents thought there was something in the ‘Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician’ that was missing or should be changed (38%), as shown in **Figure 6**.

Figure 6 – Is there anything in ‘Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician’ that is missing or should be changed?

Base: Overall (29); Individual (21); Organisation (8)



4.2.3 Respondents were asked to explain their answer, thinking about what is missing or should be changed. In total, 11 responses were provided. ABDO provided a number of suggestions for possible changes to the Standards to align them with the Standards for Approved Qualifications for Dispensing Opticians and Optometrists. An excerpt is provided below, and can be found in full in **Appendix B**.

Below are some suggested changes that will enable the Standards for Approved Qualifications for Specialist Entry to the GOC Register as a contact lens optician' to be aligned to the associated Standards for Approved Qualifications for Dispensing Opticians and Optometrists. These have been highlighted as there is no current understanding of why they are different:

S3.2 Should be amended to say'The component parts should be linked into a cohesive programme of academic study, clinical experience and professional practice (for example, Harden's spiral curriculum)....'

S3.3 It should be considered that although the current process to become a DO requires the trainee to

S5.2 Should be amended to include the following from the Standards for Approved Qualifications for Dispensing Opticians and Optometrists:

** sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals;*

** sufficient supervision of trainee learning in practice by GOC registrants who are appropriately trained and supported in their role*

ABDO

4.2.4 The British Contact Lens Association explained that they were generally satisfied with the Standards, but felt that the process of including patient views (S3.14) should be clarified.

Overall, no issues, we are pleased to see stringent standards, and a wide variety of stakeholders including service users, supervisors, etc. However, one specific comment:

S3.14 – Patient views should, of course, be taken into consideration, however we suggest rephrasing this point to make clear the exact role of the patient’s involvement.

British Contact Lens Association

- 4.2.5 Two responses related to the removal of the minimum time requirement for clinical experience during training, suggesting that there should be a greater level of time spent with real patients.

There should be a minimum and required time frame and hours experiences prior to qualification. It is essential trainees are allowed to see and manage the impact of fitting and aftercare of patients over a period of time. Issues do not manifest themselves within several hours of face to face contact - it is usually months even years.

Contact lens optician

Possible longer supervised practical time with real patients.

Contact lens optician

- 4.2.6 Other explanations included a concern that they could find no mention of record keeping in the Standards, that the Standards may be too onerous, and that setting the qualification at RQF level 6 may be too low.

No mention specifically of record keeping, but one would assume this is covered by evidence

Dispensing optician

They are very long and onerous. Many of these are standard requirements for any further or higher education provider

Optometrist

If optometry is moving to level 7 then why is a Contact lens optician course staying at level 6? This seems to suggest a possible two tier CL patient experience.

Dispensing optician

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

Document summary

The 'Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a Contact Lens Optician' describes how the GOC 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.

The design of the new quality assurance and enhancement method supports the GOC's 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 review, annual return, thematic and 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 the 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 the GOC will consider. This is to ensure the qualifications it approves 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.

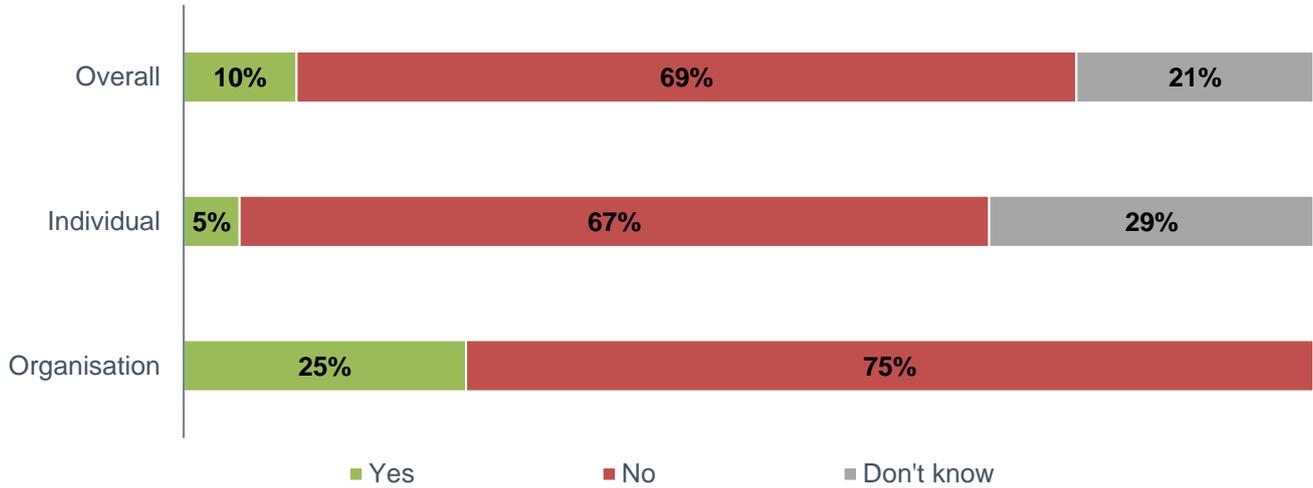
The method is organised in eight sections:

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

Consultation survey response

4.3.1 Just three respondents thought there was something in the ‘Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a Contact Lens Optician’ that was missing or should be changed (10%) , as shown in **Figure 7**.

Figure 7 – Is there anything in ‘Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a Contact Lens Optician’ that is missing or should be changed?
Base: Overall (29); Individuals (21); Organisations (8)



4.3.2 Respondents were asked to explain their answer, thinking about what is missing or should be changed by providing a free-text comment. One explanation was provided by the British Contact Lens Association, presented below:

It was highlighted that indicative content is drafted after the outcomes have been approved, which could have a negative impact on quality assurance. It would be helpful for institutions to have access to the relevant paperwork before implementing the new rules.

British Contact Lens Association

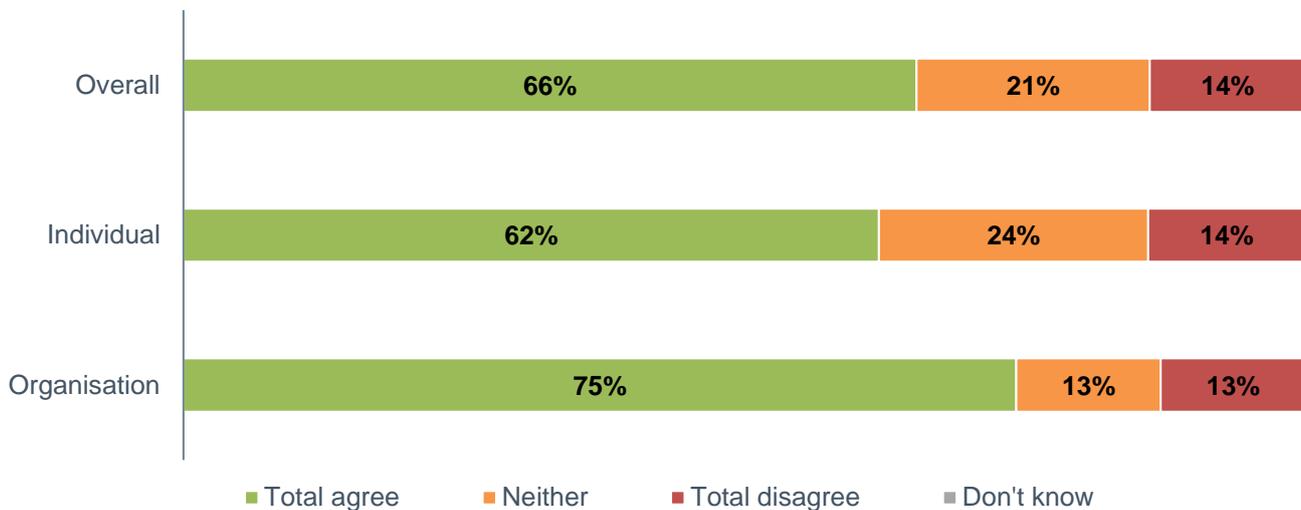
4.4 Replacing the Quality Assurance Handbooks

Consultation survey response

4.4.1 Two thirds of respondents agreed with the proposal to replace the handbook for contact lens opticians and related policies with the three documents (66%). A further 21% neither agreed nor disagreed, and 14% disagreed, as shown in **Figure 8**.

Figure 8 – To what extent do you agree with our proposal to replace our handbook for contact lens opticians and related policies with the proposed ‘Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician’, ‘Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician’ and ‘Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a Contact Lens Optician’?

Base: Overall (29); Individuals (21); Organisations (8)



4.4.2 Respondents were asked to explain their answer by providing a free-text response. In total, 13 responses were provided. It is encouraging to note that a number of responses explained that the replacement of the current handbooks with the three new documents, and the changes proposed within them, were positive. Some comments explained that the changes provided more ways to qualify, ensured that future contact lens opticians would practise safely, and that the documents were well-considered, robust and detailed.

More ways to qualify

Trainee contact lens optician

I believe these documents and their contents cover all aspects to ensure the development of future contact lens opticians in a safe and monitored environment as well as ensuring public safety

Dispensing optician

I feel the enclosed documents are a robust and detailed explanation of how the qualification is changing, setting out evidence to reassure any approved qualifications will not be dumbed down. That institutions offering the new qualification will be rigorously checked not only along their development but at periodic points after as well. That there is support for both the trainee and supervisor, as well as protection for the patient or service user.

Contact lens optician

More complete. Provides more detail and is inclusive.

Contact lens optician

- 4.4.3 FODO provided a positive explanation, stating that the proposal to introduce the three new documents was responding well to the changing nature of clinical practice.

Clinical practice is evolving all the time and what was once clinically appropriate such as RGP lenses for all patients has largely been superseded by new technologies. Reviewing these standards, when the ESR is about to be implemented, is wise and will ensure up-to-date standards of education and training for CLOs to meet the changing needs of patients and new modalities of wear. FODO has been closely involved in the development of these standards, which we support. We would like to congratulate the GOC on the open and inclusive way they have been developed and the GOC's openness to new ideas and challenge.

FODO - The Association for Eye Care Providers

- 4.4.4 Some explanations expressed concerns, including a lack of clear rationale for the introduction of any changes, and that the proposals may result in inconsistency in levels of training and the potential for self-certification by multiples.

It is important to make pertinent changes but my main area of concern is that by not having just 1 recognised qualification but from multiple sources there may be inconsistency in the level of training. A positive may be that the costs will fall as they don't seem good value for money. I also have concerns about multiples effectively self-certifying their employees.

Contact lens optician

The scope of practice is being changed without a clear rationale

Provider of GOC approved qualification(s)

- 4.4.5 The Association of Optometrists, whilst supportive of the proposals as a logical step forward, also raised a concern about the removal of the minimum duration requirements for the qualification, which they saw as a risk associated with increased flexibility that could be managed by the GOC's quality assurance process.

The current CLO education requirements are 14 years old and it's right for these to be updated as a logical step following the agreement of new education requirements in February 2021 for entry to the register as an optometrist and dispensing optician, and more recently to the framework for optometrist prescribers. This will bring the design of the CLO requirements into alignment with these other frameworks, moving to less prescriptive requirements for providers, with outcomes framed using the Miller's triangle hierarchy, and a common risk based approach to quality assurance and approval. As a result however the CLO requirements will also suffer from the same delivery risks that inevitably flow from the use of a high level flexible set of requirements, and these will need to be mitigated through the GOC's quality assurance and approval process.

The new CLO education requirements do not provide any minimum duration requirements for the qualification to be completed, save for the inclusion of 225 of learning experience in practice. This is a reasonable move given similar changes to the other optical education frameworks. However, the GOC should monitor CLO course duration and resourcing as part of its approval and assurance process - to mitigate the risk of overly short course lengths compromising the overall quality of learning.

- 4.4.6 The Association of Optometrists also highlighted their support for the inclusion of outcomes related to the management of conditions such as glaucoma, retinal detachment, AMD, and myopia, and provided advice on how this could be improved and made clearer in the documents.

We welcome the inclusion of outcomes 6.2 about urgency of glaucoma, retinal detachment and AMD (knows) and 6.3 on the principles of myopia management (knows how) for CLOs. It should be beneficial for CLOs to have basic knowledge about symptoms of these eye conditions - to give them an understanding about relative urgency in service delivery, and a knowledge of myopia management principles will also be useful. Within the learning framework these outcomes should logically focus on developing knowledge rather than practice, as these are not part of the current CLO competencies or directly related to CLO practice. It is important that the distinction between knowledge and practice is clear. The GOC should ensure that CLOs are not exposed to professional risks as a result of pressure from employers to work in areas covered by outcomes 6.2 and 6.3 which they're not appropriately skilled in. This could be done via the standards for optical businesses and through CPD. It would also be useful for the GOC to clarify whether the requirement for the CLO qualification to be at RQF level 6 has any impact on those registrants who have previously gained their dispensing optician registration as a level 5 qualification.

Association of Optometrists

- 4.4.7 Two responses stated that the documents offered little change from the current system, with the exception of moving to an outcomes based approach.

There seems to be little change only a move from competency to learning outcomes.

Dispensing optician

There seems little real change apart from the competency to learning outcomes practice.

Provider of GOC approved qualification(s)

- 4.4.8 Respondents were asked to comment if they had anything else to say about the education and training of future contact lens opticians. Some respondents took the opportunity to express their support for the consultation and the proposed changes set out for the education and training of future contact lens opticians.

I'm excited to see the evolution of the CLO qualification, making it accessible to more people, who may not be able to be away from home weeks at a time. I hope it will encourage more DO to take up the speciality qualification, and for employers to see the benefit academically without as much impact financially.

Contact lens optician

There is always room for keeping up to date with clinical knowledge and OCT scans and use of IT in practice and CPD onwards and upwards it doesn't do to say we know it all.

Contact lens optician

It is good the GOC is consulting on these proposed changes and there must be clear and documented ongoing dialog with those that have responded before any changes are approved.

Provider of GOC approved qualification(s)

- 4.4.9 Some responses reiterated queries or concerns, or made suggestions for how the proposals could be changed or improved.

We recommend a requirement or recommendation towards a minimum period over which learning takes place to ensure there is enough time for reflection etc. In addition, we strongly recommend the use of a separate (final) examination body i.e. not the provider.

British Contact Lens Association

The GOC might reconsider whether the date for the commencement of approval of new qualifications (1 December 2021 – Section 3 of the consultation) is achievable, given that the consultation closes on 20 December. It is not clear that this leaves sufficient time to analyse responses, check and then implement any changes.

FODO - The Association for Eye Care Providers

Make it easier for organisation to register.

Trainee contact lens optician

I believe the future should include the ability for contact lens opticians to work towards either full IP or a version like AS.

Trainee contact lens optician

I propose the supervisor should be CLO rather than OO due to knowledge and experience of the CLO's.

Contact lens optician

I have never worked in a practice with a radiuscope. I have never need to replicate a contact lens in 30 years of lens fitting. I see no reason for verification and being able to replicate a lens as something that is relevant to modern day practice.

Contact lens optician

Is there a need for two levels of qualification?

Contact lens optician

- 4.4.10 Several comments related to setting the qualification at RQF level six, questioning why it was not set at level seven in order to be higher than the dispensing optician qualification, and to better recognise the contact lens optician role and specialism.

CLO's should be recognised as level 7 qualification. It is a specialism and the depth of knowledge required is much deeper than optometrist level; yet CLO's are not considered equal and are often treated with disrespect by optometrists.

Contact lens optician

I do not understand the rationale for having DO and CLO at the same minimum qualifying level. If all DOs are to be level 6 minimum how can CL be also at level 6? If the CL specialism is at the same level, is it possible that the CL may be seen less attractive to both prospective students and employers?

Dispensing optician

The minimum level 6 qualification mandate in line with Dispensing opticians also a level 6 seems at odds with the perception of a higher skill level. the uplift of optometry to level 7

suggests a two tier contact lens practitioner in a practice. We are unsure as to the possible impact this might have on prospective CLOs and employers.

Provider of GOC approved qualification(s)

- 4.4.11 The Association of Optometrists emphasised the importance of contact lens opticians in the optical workforce.

CLOs are an important part of the optical workforce and an education model which allows appropriate workforce capacity is essential. As well as traditional roles in community optics CLOs, as well as dispensing opticians, are increasingly becoming involved in the delivery of enhanced primary care optical services such as for minor eye conditions and low vision. The AOP currently has over 150 dispensing optician members and a designated position to represent DO members on our Council.

Association of Optometrists

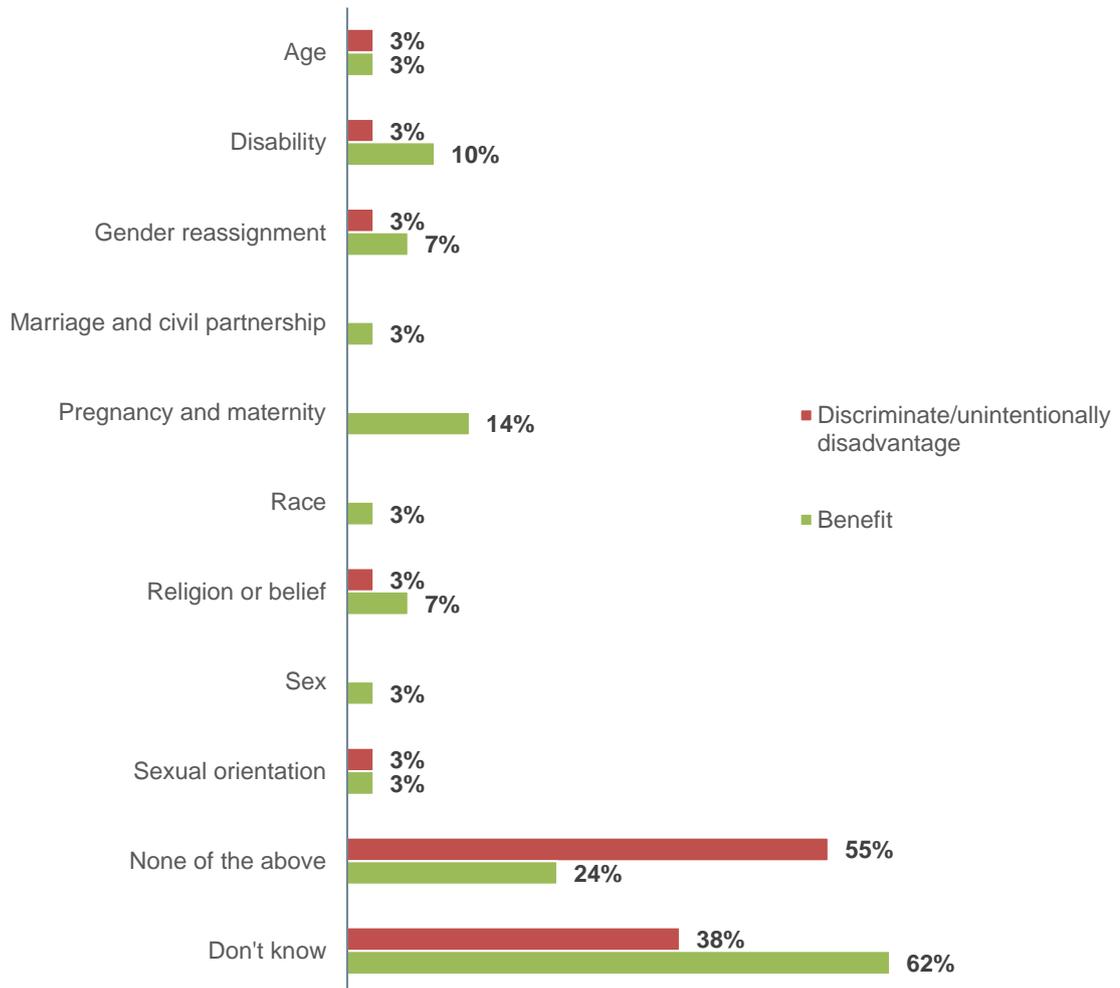
4.5 Impact of proposals

Consultation survey response

- 4.5.1 Survey respondents were asked whether they thought the GOC’s proposals may discriminate against or unintentionally disadvantage any individuals or groups sharing any of the protected characteristics in the Equality Act 2010, and alternatively whether it might benefit any of these groups. Respondents were able to choose from a list and could select more than one in each case.
- 4.5.2 As shown in **Figure 9**, over half of respondents said that the proposals would not discriminate against or unintentionally disadvantage any of the groups or individuals listed (55%). A further 38% answered that they did not know whether the proposals would discriminate or unintentionally disadvantage any groups.
- 4.5.3 A quarter of respondents said that the proposals would not benefit any of the groups listed (24%), but the majority said they did not know if there would be any benefit (62%). Only small proportions of respondents thought the proposals may benefit certain groups or individuals, including pregnancy and maternity (4 respondents), disability (3 respondents), gender reassignment (2 respondents), and religion or belief (2 respondents).

Figure 9 – Do you think our proposals will have a negative or positive impact on certain individuals or groups who share any of the protected characteristics listed below?

Base: All respondents (29)



- 4.5.4 Respondents were asked to describe how the proposals may discriminate or unintentionally disadvantage the individuals or groups they had identified, with three responses provided. All responses were positive, with two highlighting that they did not perceive any barriers for any individuals or groups, and that the proposals would allow access for all those interesting in pursuing this qualification.

I think everyone that wishes to obtain entry onto the specialist register as a contact lens optician can only benefit from the structure and assurance they will be offered by these proposals, as they will ensure a high standard of learning across all groups of individuals.

Dispensing optician

I do not see any barriers.

Contact lens optician

- 4.5.5 A respondent highlighted a number of benefits to certain groups, including the increased flexibility for registrants to complete the qualification which would help those who may become ill or who may take a career break to have children and those with family commitments.

All three marked; if there is no cut of time to complete the qualification, it gives room for anyone who may have to time out unexpectedly, be it for a flare up of a chronic illness, for urgent childcare or pregnancy, or for surgery. With potential multiple places offering the new qualification, block releases may be closer to individuals home, negating the need to be away overnight, or even giving the opportunity to be done on a one to one basis. For single parents or individuals with partners working unsociable hours, this will open up new opportunities for them.

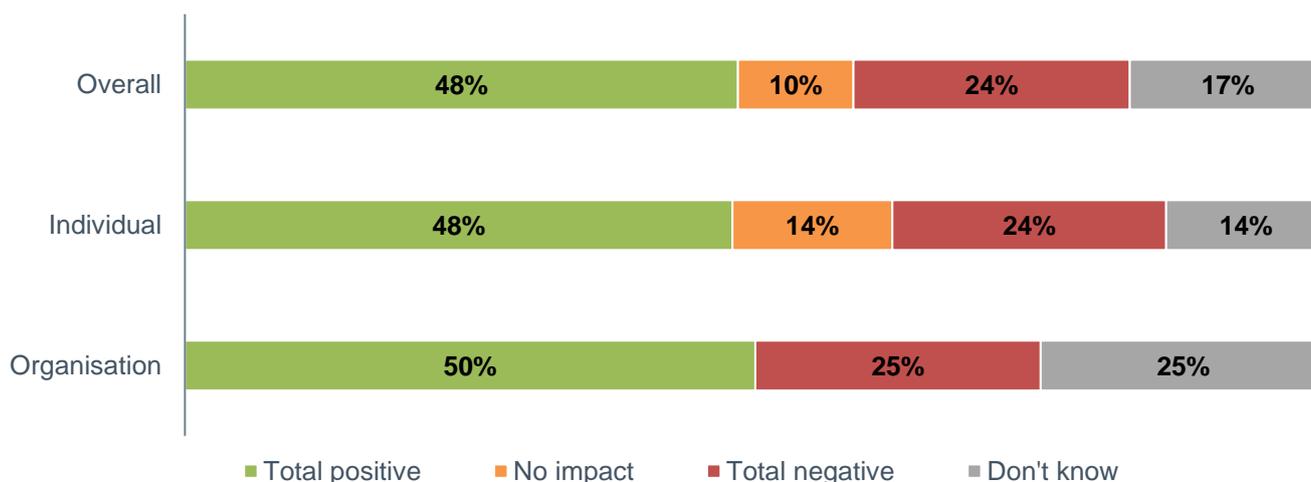
Contact lens optician

4.5.6 Survey respondents were asked if the proposed changes will have any impact on any other individuals or groups. Examples were provided of trainees, patients and the public, current providers of approved qualifications, placement providers, employers and devolved nations.

4.5.7 **Figure 10** shows that almost half of respondents felt that the proposed changes would have a positive impact on other individuals and groups (48%), whereas 24% thought the impact would be negative. One in ten (10%) thought there would be no impact and 17% did not know.

Figure 10 – Do you think any of the proposed changes will impact – positively or negatively – on any other individuals or groups? For example, trainees, patients and the public, current providers of approved qualifications, placement providers, employers and devolved nations?

Base: Overall (29); Individuals (21); Organisations (8)



4.5.8 Respondents were asked to describe what impact and individuals or groups they were thinking of when answering this question, and 11 responses were received. These responses are presented below, split between perceived positive, negative, and mixed impacts.

4.5.9 Positive impacts, which focused on maintaining or reducing the cost of training:

Financially, if individuals aren't having to travel as far for block releases or they can be done one-to-one, this brings down the cost to the employer, making it a more attractive option.

Contact lens optician

There may be additional costs to trainees and employers to meet the new standards but these may be initial costs only in that once new systems/schedules have been put in place then there will only be the running costs, similar to current costs

Dispensing optician

4.5.10 Negative impacts, which included the potential lowering of pay for contact lens opticians, and the potential reduction in standards posing a risk to the public.

As previously stated the level 6 minimum qualification, i.e. same as DO and lower than optometry may influence employers pay scales.

Dispensing optician

As previously stated the apparent two tier CLO practitioner may find their compensation affected.

Provider of GOC approved qualification(s)

The changes will cause potential harm to the public as there will be CLO's without clinical expertise or experience who are rushed through the exam system in order to satisfy the multiples thirst for sales of profitable soft contact lenses rather than optimal lens choice for the patient themselves.

Contact lens optician

The level of expertise in the diagnosis and management of anterior eye conditions will be reduced if these proposals go ahead unaltered

Optometrist

4.5.11 Mixed impacts:

We believe this has a positive impact on trainees. But as per our comments, potentially somewhat negative impact on providers if not clarified.

Optical defence/representative body

I have a hope that it will improve standards, but standards that are relevant to today's world. If, for instance, an education programme was proving to be the 'best' available then it should encourage alternative providers to improve their offering. Anything that minimises cost is also a positive as the salaries of DO are not a fair reflection of their skillset and the cost of completed a CLO qualification may be prohibitive.

Contact lens optician

5. Registrant focus group feedback

This section of the report details the feedback from the five focus groups held with GOC registrants. During the groups, registrants discussed the seven key proposals of the consultation, followed by the six outcomes from the Outcomes for Approved Qualifications document, which are covered in turn within this chapter.

Key proposals

Each proposal is summarised, followed by explanations of the main themes which emerged during the registrant discussion groups, supported by verbatim quotations.

Please note that feedback from the first proposal (Candidates will acquire a qualification approved by the GOC leading to specialist entry to the GOC register as a contact lens optician) has not been included, as participants felt this was clear and self-explanatory, and therefore it was not widely discussed.

5.1 Academic award or regulated qualification

Summary of the proposal

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.

Agreement that this is an appropriate level of qualification which recognises the knowledge and skill required from contact lens opticians

- 5.1.1 In general, most participants felt that setting the approved qualification for contact lens opticians at RQF level 6 or equivalent was appropriate, explaining that it was reflective of the level of knowledge required of contact lens opticians and the requirements placed upon them in practice, and therefore should not be set any lower than this. It was suggested by some participants that having this qualification match the dispensing optician qualification also felt appropriate, bringing the two qualifications in line at the same level.

I think that's about right. I certainly don't think it should be any lower than that. Because the amount of knowledge involved – there's quite a lot to it. I think even a DO should be a level 6, which is what they've changed it to recently. So yeah, I think that's about right.

Trainee contact lens optician, England

- 5.1.2 It was also highlighted that setting this qualification at level 6 was justified, as it increased the level of knowledge and skill of dispensing opticians up to a higher level specifically in the area of contact lenses. Participants explained that the current dispensing optician qualification does not cover contact lenses at this level, and therefore this qualification would bring contact lens opticians up to a level 6 in this specialty.

As dispensing opticians, we have a knowledge of contact lenses. But that level of contact lenses for the general dispensing is nowhere near the level 6. The level of dispensing knowledge is level 6, but this then brings your contact lens knowledge up to that level. And I think that would be appropriate.

Contact lens optician, Scotland

Although the DO is still a level 6, the contact lens side of it isn't the equivalent of a level 6. So then by doing the contact lens qualification you're bringing up your contact lens knowledge to a level 6 knowledge.

Contact lens optician, England

- 5.1.3 Some participants said that setting the contact lens optician qualification at this level may help to improve the standing and recognition of both contact lens opticians and dispensing opticians, which they felt were under-utilised roles in the optical workforce that are not used to their full potential.

I have been concerned about the under-utilisation of DOs and CLOs... DOs and CLOs are very highly qualified, but they don't always get to use their education and that experience. So for me, I wouldn't want it any lower than this.

Contact lens optician, Scotland

The way that multiples sort of deal with DOs and CLOs, it's like we're kind of considered second fiddle and we're not used to our full capability... They could make a lot more use of them and they could have a wider spanning role.

Dispensing optician, England

The qualification could be set at a higher level, exceeding the dispensing optician qualification, but this may not be practical

- 5.1.4 Although many participants were in favour of the qualification being set at a high level as an academic qualification, some highlighted that if it was set at RQF level 6, this would match the level of the dispensing optician qualification. They explained that this seemed at odds with the contact lens qualification being an additional qualification for dispensing opticians, as in their opinion the qualification should be at an even higher level to differentiate contact lens opticians from dispensing opticians. It was felt that setting the contact lens optician qualification at an even higher level would recognise the additional knowledge, skill and responsibility of contact lens opticians who have gained the additional qualification.

I would say that perhaps it should be at a higher level than the dispensing qualification because the candidates have achieved that and then they're moving on to something specialist.

Contact lens optician, England

The dispensing optician, even without the CLO, is broadly pretty responsible... In the framework of avoiding patients going to A&E, with the NHS so short of money and the elderly population living longer, our roles as DOs are different. We are there to listen and to advise and to signpost and refer. So I would say the qualification should be higher than level 6.

Contact lens optician, England

- 5.1.5 It was suggested that increasing the level of this qualification would go further in increasing the recognition and standing of the contact lens optician role, particularly amongst the public and patients. Some participants felt that the levels of responsibility and accountability of contact lens opticians had increased in recent years, becoming more in line with those of an optometrist, and therefore an increased level of qualification would help to recognise this.

I would say that it needs to be higher, in order to let the public know that we are there to provide a certain level of care. We have a duty of care to them, and we're responsible. If you set it too low, then it's almost like anyone can do it. Whereas setting it higher, it does become a bit more specialist.

Contact lens optician, England

To reflect our level of care and responsibility. It may not be on par with an optometrist, who is responsible to diagnose a brain tumour...but actually it's not that far off, because we need to tell the patients what they're at risk from, and be up to date with disease, and look after our elderly patients. And the responsibility is with us, because optometrists do not have the time.

Contact lens optician, England

- 5.1.6 However, there was discussion amongst participants about what level, above RQF level 6, the contact lens optician qualification could be set at. In response to those who suggested that it should be set at RQF level 7, some participants felt that this would be difficult to achieve in terms of structuring the qualification, gaining relevant experience, and the length of study. It was also felt that increasing the level of qualification could result in it becoming overly academic, which was not necessarily in line with the practical role of contact lens opticians. Therefore, it was felt that increasing the level beyond RQF level 6 may cause issues and deter dispensing opticians from taking the qualification.

I think also one of the other things that we need to look at is that it's not purely an academic qualification, it is a practical qualification as well. And I think the level 7, higher levels, seem to be much more academic.

Contact lens optician, Scotland

From my point of view, if it was at level 7, because the qualification is a relatively short one, it's how many credits at level 7 you'd be able to achieve with it. You wouldn't be able to do a full masters or anything like that. So it might put off people if they had to achieve sort of a full masters level. So I think level 7 is a very fair thing to say, but we probably wouldn't be able to achieve a whole masters just for a very small part of it.

Contact lens optician, England

5.2 Removing the duration and location requirements for clinical experience

Summary of the proposal

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.

Increased flexibility for trainees and employers

- 5.2.1 Some participants could see the potential benefits of this proposal, as they felt that the removal of the minimum amount of time specified in clinical experience for the contact lens optician qualification could allow for increased flexibility. They explained that gaining clinical experience as part of the qualification can be difficult, especially when continuing their duties as a dispensing

optician. A number of participants who had qualified as contact lens opticians recalled experiences during their training of being promised time to gain clinical experience, but then being told they were needed to dispense instead. Therefore, it was suggested that, by stating that there is no specified minimum recommended time for clinical experience, this could increase flexibility for trainees, who would no longer have to struggle to achieve a specific number of hours and instead could sit their examinations when they feel ready to do so.

When I was qualifying, it was not easy to find a practitioner on the high street who would fulfil their promises...In most practices, they can't afford more than one DO, and every potential CLO is a DO already. So they want their money's worth out of you. I was promised the job, and after a year, I still hadn't done anywhere near even 40 hours of practice in the consulting room.

Contact lens optician, England

I suppose the theory is that if you do 175 quality hours and you are showing the competences and you are capable of doing the exams, does it matter than you've not done 225 hours? I guess that's where the argument is. If you're someone who is excessively competent, can you do that in a lower amount of hours? As long as you can pass the exams, does it matter?

Contact lens optician, England

I think it would appeal more to employers...If they're close to 225 hours and they've got their exams, they're not drastically running around trying to squeeze in another five hours, or postponing it by six months because they haven't managed to do the hours, because of sickness or being pulled off clinics and stuff. So I can see the benefit.

Contact lens optician, England

- 5.2.2 However, participants focused more on the benefit of increased flexibility for employers, who it was suggested would be able to gain qualified contact lens opticians in a shorter period of time under these proposals. Some participants highlighted that this would help meet the increasing demands of employers.

Clearly employers are keen for their training CLOs to be qualified as soon as they possibly can, and maybe there's that possibility that the student will be pushed ahead...Clearly employers might think, 'Great, I don't have to do 30 days with them, now I can do five days with them and say, 'Go and sit your exams'. You might have students going ahead and taking exams that have been told they're ready for, but haven't...effectively, 'done their time'.

Contact lens optician, England

Maybe the influence of some businesses towards the GOC – that this is what they need. Pressure from employers that we actually need to get people through quicker. And in this very unusual time that we exist in, where practices are very far booked ahead, where patients are not able to collect lenses because there's no aftercare being done, because places have been shut for COVID and all that kind of thing. So you can see where pressure may come from. But it shouldn't be a drop in standards.

Contact lens optician, Scotland

Could represent a shift towards true learning rather than box-ticking

- 5.2.3 A small number of participants highlighted that the proposal to remove minimum and maximum time requirements suggested a move towards focusing on actual learning and ensuring a trainee knows, can show, or can do something, based on the outcomes approach of Miller's Pyramid. They explained that this would represent a positive move away from simply spending a required number of hours in a particular area, which could be viewed as box-ticking rather than true learning, which may result in better qualified contact lens opticians.

I would say though that I think it's leaning more on making sure people can do something, because I was reading through the document and it was about the account record called Miller's reference of learning. And I think the point that makes sense to me is, don't make someone do something for a certain amount of hours, make someone do something until they can really do it properly, and really know how to do it. Sometimes when you remove a minimum time from something, someone will actually do it more thoroughly, potentially, because they're having to show to a higher level that they do understand it.

Dispensing optician, Scotland

You're taking the emphasis away from just ticking boxes. Instead of looking at the hours of time spent, we're looking at what they can actually do. So changing the focus maybe.

Contact lens optician, England

Unease about removing minimum time requirements and ambiguity of the word 'approximately'

- 5.2.4 In general, most participants expressed concern and unease about the removal of the minimum time requirement for clinical experience during the contact lens optician qualification training. Many participants said that they were particularly uncomfortable about the use of the word 'approximately' to describe the suggested number of hours of clinical experience to be obtained under the proposals, as it was open to a wide range of interpretation and therefore open to abuse.

I actually think that you need to have a set figure that they have got to achieve as a minimum. Because if you're just saying 'approximate', are people just going to do the minimum required? I think it has to be set at either 225 or above. Having an 'approximate' doesn't work for me.

Contact lens optician, England

This one does make me slightly nervous. As soon as you start talking about 'approximately' so many hours, where does 'approximately' go? Where do we sort of start, and how much experience are we expecting our people to have? We're suggesting that the qualification must be sort of public-facing, and then at the same time we're saying, '...but we're not going to say how much public-facing time you need'.

Contact lens optician, England

- 5.2.5 It was suggested that this approach could lead to some trainees completing a significantly smaller number of hours of clinical experience, and some participants said that the proposal signalled a move towards deregulation, which they felt would lead to falling standards in the profession.

I think, inherently, humans try and do the bare minimum, and it just leaves it open. So what would we accept? Is 175 okay? Or 185? Where do you draw the line?

Contact lens optician, Scotland

I also feel like if they remove that minimum and just put it as an approximate, it's almost like the start of like, a deregulation of sale of contact lenses. It almost feels like it's not that important.

Trainee contact lens optician, England

Risk of not gaining enough clinical experience

- 5.2.6 The main concern expressed was that the increased flexibility that replacing a minimum time requirement for clinical experience with an approximate number of hours may create could also increase the risk of trainees not gaining sufficient clinical experience to become contact lens opticians who are prepared for practice. Participants explained that this could be caused by trainees themselves, their employers, or a combination of both.

The risk is that they're not going to get the experience required. You've got to see a lot of people over a lot of days to get a broad spectrum of what clinical practice is.

Contact lens optician, England

- 5.2.7 A number of participants explained that, in order to gain worthwhile clinical experience and have the opportunity to gain useful and meaningful interactions with different patients and conditions, a reasonable amount of time was required, with suggestions of at least a year or more. It was felt that removing the minimum time requirement could lead to trainees rushing through their clinical experience without gaining worthwhile knowledge and skills to equip them as contact lens opticians. Some participants highlighted the benefit of seeing a patient over an extended period of time, which could be unachievable if sufficient time in clinical practice is not available to trainees.

I would say at least a year even if it's just one or two days a week for that year, so that you can build up the experience with different lenses. It's very different fitting a spherical soft lens to a GP toric or a multifocal even, and getting the fit right, working out if there are any issues, how you're going to correct them, what you can do to change things. You can't do that just overnight. It is a learned experience, and that experience is very valuable. So I think at least a year, minimum of one day a week.

Contact lens optician, England

If you can do 225 hours in three or four months, I don't see how you can follow a patient, like a new contact lens patient, for 12 months or more, which is important. It's about following a patient over a period of time and seeing how contact lenses impact on their eye, on their cornea, etc. You won't get that depth of experience. If you can do 225 hours in three months, or whatever was suggested, you can't do a six-month or a 12-month aftercare.

Contact lens optician, England

- 5.2.8 A number of participants felt that the recommendation of approximately 225 hours was, in reality, fair and not excessive, and that it should be achievable for trainees. Some went further, stating that, rather than being reduced or removed, the minimum amount of clinical experience should be increased to ensure that trainees have sufficient time to gain the required knowledge and skills.

Just for context, I think the 225 hours is based on something like 30 days at 7.5 hours. To me, 30 days is not excessive. That's one day every fortnight, pretty much, so that's not an awful lot over a year.

Contact lens optician, Scotland

225 hours is not nearly enough to give the public and other colleagues the confidence to let them loose on their own. I just don't think that's enough. Not nearly enough.

Contact lens optician, England

- 5.2.9 Furthermore, some participants expressed the concern that this proposal may result in too few hours being spent in clinical practice at the expense of book-based and academic learning. They felt that the wording of the proposal was open to interpretation and could allow trainees and employers to reach the recommended number of hours via 'learning' rather than 'experience', particularly if clinical experience is difficult to obtain.

They're not listing separately, the hours of learning with the experience, they're lumping it together. So you can pass without any experience. That's how I read it.

Contact lens optician, England

5.3 Providers must involve feedback from stakeholders

Summary of the proposal

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.

An expected, reasonable and positive proposal

- 5.3.1 This proposal was viewed by the majority of participants as an important and expected aspect of the provision of a training course, and therefore was viewed as reasonable. Some participants explained that they expected that a range of stakeholders would be consulted during the design, delivery and assessment of a training course for an approved qualification, and were therefore unsurprised and happy to see this proposal.

Getting feedback can only be positive because it means that you can use that to improve.

Dispensing optician, England

It's pretty good sense to me. I think that covers most people, doesn't it?

Contact lens optician, England

- 5.3.2 It was felt that there were benefits to including feedback from all listed stakeholders in the process. Some participants said that gaining feedback from the wider team and other healthcare professionals was very important due to increased multi-disciplinary working within practice and across healthcare. Others emphasised the importance of patient input into the process to ensure public understanding.

It's a range of people, so it's not just the person who's doing the qualification, it's their employers, it's their supervisors, it's other members. So if you're training as a CLO, you're getting feedback from optoms that you're working with, and people that you you're using to do delegated tasks and stuff like that. I think if it's someone who, even if they're not directly supervising you, if you're part of their team, and they can see your progression and see how the course is working for you, that can only be a good thing as well. Because it's not about passing an exam or meeting a particular standard, and that's the end of it, it's about integrating into the team and it working for everyone.

Contact lens optician, England

Ensure feedback is fairly weighted from stakeholders and not weighted towards large employers

- 5.3.3 Some participants highlighted the importance of ensuring feedback from stakeholders is fairly weighted to avoid those with a vested interest having an unfair say in the design, delivery and assessment of the contact lens optician qualification. In particular, concerns were raised about the potential influence that large employers could have, and felt that it would be important that measures were in place to ensure feedback was received in a balanced and fair manner.

Will it be equal weight? Or will they weight the approved qualification on what the employers want, or what the patients need, or what? So how even, or how equal, will the qualification design be designed by feedback?...I think it should be weighted equally. I have a fear that it will be weighted towards employers. But I feel that it definitely should have feedback from across the board. But I'd like to see evidence that it was weighted evenly, or at least with, say, patients in more mind rather than employers.

Contact lens optician, England

I think it's important that it has that range of people as well...You don't want it to be made purely by employers who are going to be looking for the cheapest way to push people through a course, or patients who are going to want it the other way, and want an hour to ask all the questions they want. So I think you do need that balance of people with different priorities to be able to kind of level out.

Dispensing optician, Scotland

Questions as to whether feedback from patients and other healthcare professionals is necessary

- 5.3.4 A small number of participants questioned the relevance of gaining feedback from all the stakeholders listed in the proposal, suggesting that it was a long list. In particular, it was suggested that feedback from patients in the design, delivery and assessment of the contact lens optician qualification may be irrelevant and unnecessary due to their lack of understanding of contact lens opticians' qualifications. Some participants also questioned the relevance of feedback from other healthcare professionals if their role is unrelated to optometry and contact lenses.

Patients aren't necessarily going to know what the criteria are and the competencies that need to be covered. I know they can feel looked after or not feel looked after, but that's kind of their scope...that feels a bit ambiguous.

Dispensing optician, England

Members of the public are not experts. For example, people might think, 'Oh, he's a great optician'...but because he's nice and he asks you about your holidays, that doesn't make him a great optician. But the public might have that perception because the person is communicative, rather than being really expert clinically...Other healthcare professions – yes, if they're ophthalmologists, maybe, but a dentist or a nurse? I think it's the people who are doing the course, the people who are supervising them, and the people who have put the framework in for the education, they should be giving feedback.

Contact lens optician, Scotland

5.4 Use of an outcomes-based approach via Miller's Pyramid of Clinical Competence

Summary of the proposal

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).

An easy to understand system that will provide consistency and flexibility

- 5.4.1 Although not all participants were aware of Miller's Pyramid before taking part in the consultation, it was generally viewed as a simple and easy to understand system of assessment, which would benefit both providers and trainees. Participants explained that they liked the different levels of competence, increasing from cognition to behaviour, and felt it would be easy to apply and assess during training. It was also suggested that this system of assessment would help focus trainees more on the application of their learning in a practical setting, and that it would be an improvement on the current system in place, which was viewed as potentially confusing.

I've not come across Miller's Pyramid before, but looking into it, I really like it. I think it is that level of understanding. You learn about it academically, you can then apply that knowledge, you can show how it's been used, and then you just do it as a sort of natural thing to do. So I think it does show a good level and depth of understanding. It's not just knowing what that is, but how that then impacts, and then showing that you can do it without thinking about it.

Contact lens optician, England

I thought how nice it was, quite clear. And yes, we all do have to 'know' and 'show' and 'know how'. I would say most opticians would agree that that's a good way. It's just summarising what we have to do anyway.

Dispensing optician student, England

I think it's important, because as the diagram obviously highlights, knowing something isn't the end-all because anyone can learn a fact out of a book, and knowing a fact doesn't mean you understand something. So I think this is just about trying to push people to get that understanding rather than just the knowledge. Because intelligence and ability within a role is not about your ability to recall facts, it's about your ability to put things together and do things based on a deeper understanding.

Dispensing optician, Scotland

A logical choice as it is already used for the dispensing optician qualification and in the education of other healthcare professions

- 5.4.2 Registrant feedback in relation to the use of Miller's Pyramid was generally positive amongst most participants. A common response to this proposal was that adopting Miller's Pyramid for specialist qualifications was a logical choice as it had already been adopted for the optometry and dispensing optician qualifications, and would therefore provide consistency and familiarity for those who decide to continue their education and training.

The dispensing and optometry qualifications have already adopted this, so it would be extremely strange if contact lens didn't. I'm in favour of it. I think it's a pretty good system.

It's certainly a step up from what we have at the moment, which is kind of 'ability to' or 'knowledge of'.

Contact lens optician, England

The assessment should focus more on 'shows how' and 'does' as experience is crucial

- 5.4.3 When discussing the use of Miller's Pyramid, some participants explained that they felt direct experience was the most important aspect of training, particularly for contact lens optician training. Therefore, they suggested that assessment of the contact lens qualification should be more heavily weighted towards the 'shows how' and 'does' measures of the scale, rather than 'knows how' and 'knows'.

I think it needs to be weighed heavily on what the individual can show and demonstrate. You can get far with knowledge, but you can't get as far as with demonstrating what you've learned with that experience.

Contact lens optician, Scotland

The experience is key. If you've got a patient who may be upset or struggling, or you've got to break bad news to the patient, if you've done it several times then you know how to handle it from that point on. Whereas if you've only ever read about it and know what you've got to say, but never actually had to say it...It wouldn't protect the public at all.

Contact lens optician, England

5.5 Providers to be responsible for the assessment and achievement of approved qualifications

Summary of the proposal

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.

Some concerns about consistency and varying standards of qualification

- 5.5.1 A number of participants questioned how consistency would be maintained if the assessment of the contact lens optician qualification was the responsibility of providers. Some thought that, without the level of consistency provided by the current system of assessment, the difficulty of achieving the qualification may vary from provider to provider, creating some areas of the country where it is easier to become qualified than others, or where contact lens opticians are better qualified and more experienced than others. The potential for providers to become more likely to pass their trainees, perhaps unintentionally or to knowingly improve their pass rates, driven by financial gain, was also highlighted by some participants.

There's always that concern of impartiality. You know, if you're doing the training and doing the exams for people, there's that risk of people being put through because they've done the course. Whereas at least with ABDO being a separate examiner, it's very impartial. That would be my only concern, that it's being monitored and checked regularly.

Contact lens optician, England

It's kind of like marking your own homework, isn't it? And some would argue that ABDO would want everyone to pass. I've actually heard the opposite said, that ABDO would want to fail you so that they make more money from resits. So you can't win. That's where the GOC come in, to ensure that they are fair.

Contact lens optician, Scotland

I worry that that all leads to two-tier or three-tier CLO qualifications because you'll have several colleges, several providers, providing different types of courses and qualifications. So Anglia might do one course, ABDO does another, Bradford does yet another...I think you will have varying standards.

Contact lens optician, England

- 5.5.2 Some participants felt that the potential for varying standards of assessment could result in a multi-tiered system of qualifications across the country, which could result in placing patients at risk if contact lens opticians are not all qualified to the same standard.

I personally don't like that idea at all. The patients, the public, should have a standardised practitioner in front of them.

Contact lens optician, England

I wouldn't like to see the public being put at risk of going into a shop and [being told], 'I've only got a silver standard CLO', but [having] absolutely no idea what that means, because those letters after the name don't mean anything to [them].

Contact lens optician, England

- 5.5.3 However, it was highlighted by some participants that the current system of assessment is not consistent, and therefore this proposal was justified, assuming the correct levels of regulation are in place. It was also suggested that any issues relating to inconsistency of assessment could be overcome by careful regulation from the GOC to ensure that all providers are working to the same standards, as set out in the new proposed documents.

It's not to say that people who get the qualification in one place are going to be better than somebody else. But I know that the way they're assessed is extremely different. So Anglia Ruskin use a lot of OSCE stations, where they demonstrate one particular competence at the moment, for instance, whereas ABDO exams do sort of much longer sections where a whole aftercare will be done, a whole initial assessment will be done and things. We can argue about what's better, but it's not really about that...Will the GOC be consistent in all the courses that they review?

Contact lens optician, England

The key thing with this one is just making sure that the GOC is ensuring that the standards are sort of a level playing board across the field. To me, it's not an issue in itself that each university will have its own exams, because that's what happens in universities for every other subject. It's just about making sure that there is that consistent standard and that the GOC is in a position to really police that and make sure that no-one is making things a bit easier so that people will go through their course and make the university more money.

Dispensing optician, Scotland

Potential benefits of increased accessibility and improved standards

- 5.5.4 Despite concerns about consistency, a number of participants thought that the proposal to make providers responsible for the assessment of the contact lens qualification may bring some benefits. It was suggested that allowing providers to assess in their own way could increase accessibility for trainees if different options were available, such as full-time and distance learning, and courses which are assessed with exams or via practical assessment, which may support those with different learning styles.

I think it's a good thing. Because, as has been said, the structure of the course is quite different from ABDO to Anglia Ruskin. I've had to do both for my dispensing, and they work in different ways. And I think different people have different learning methods, and it allows a bit more flexibility for the person choosing where they want to learn, rather than having to go to one place because it's the only place in the country that does it. As long as it's regulated in terms of the assessments being on the same level.

Contact lens optician, Scotland

The way they structure the courses will be different. You might have a full-time option, or a distance learning option. And especially now with COVID and things, people are not so willing to travel and go away for a week or two weeks at a time. So perhaps that will open up other methods of learning to people.

Contact lens optician, England

- 5.5.5 It was also suggested that trainees may benefit from having their provider carry out their assessment, as everything would happen in the same location, reducing the need to travel, and trainees may feel more comfortable being assessed by their provider who they are already familiar with.

I think actually it's better for the person that's providing the qualification and the assessment to be combined...I did my dispensing optician degree with Anglia, which at one point potentially, I was then going to have to do ABDOs exams, which would have meant then travelling to a different part of the country, which isn't a huge deal, but it would have meant a bit further to have to go. And then also, if you're doing the exams under the same people that you've studied with and the same lecturers, I would feel a bit more confident with doing them. Whereas if it's someone completely different, it would really throw me off.

Trainee contact lens optician, England

- 5.5.6 Some participants thought that this proposal had the potential to raise standards in contact lens optician qualifications, as it could foster competition between providers.

An organisation or institute that delivers a really high degree of support and education will get a reputation for that, and make others raise their game...You could see that the whole standards could be raised by sort of raising the degree of competition.

Contact lens optician, Scotland

5.6 Providers are responsible for recruiting trainees to course programmes, recognition of prior learning

Summary of the proposal

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.

Agreement with providers being responsible for recruitment of trainees

- 5.6.1 Registrant participants were in agreement with the proposal for the providers of approved qualifications being responsible for recruiting and selecting trainees onto a programme leading to an award of an approved qualification. Most explained that this made logical sense, or that they assumed this was already the case.

I think the first statement, the providers of the qualifications recruiting and selection trainees onto the programme, I think that's fair. I think I support that. And I think it's the way it's done already.

Dispensing optician student, England

Recognising prior learning is a positive change which increases flexibility

- 5.6.2 The proposal to recognise prior learning to assist the progression of trainees whose progress to specialist registration had stalled was generally viewed as a positive change by participants. They thought it would make the process of undertaking the contact lens optician qualification more flexible for those who wish to do it, which would benefit certain groups of people such as those who may take time away from work to have children, to care for someone, or because of illness. It was also suggested that recognising prior learning increased flexibility as not all dispensing opticians would start this training at the same stage in their career, meaning that levels of knowledge and experience will vary, and therefore this should be taken into consideration.

I think the recognition of prior learning is a good idea. I read that as someone who may have started the CLO course and dropped out due to ill health, or pregnancy, or family emergency, or something like that, and therefore hasn't been able to finish it. And maybe they've gone out for a year or two years and then come back and said, 'I've got this many credits from a year ago, can that be applied?' And they've said, 'Yes, this is how we can work it in'.

Contact lens optician, England

When we're looking at people whose progress has stalled, that helps out people who have been, either through ill health, or maybe some career break, or pregnancy, whatever it may be...To recognise that not everybody has the luxury of starting a course and finishing it within the recognised time period is really pertinent. When I studied I was living at home and my mother made me dinner every night. I worked in the day and I came home and studied at night. To have done that when I had two young children a few years later would have been well-nigh impossible. People would think, 'Oh, I have too much going on, I'll come back to this'. So some recognition that you've done some of it, rather than having to start maybe at the beginning...Some recognition of your previous efforts is, I think, worthwhile.

Contact lens optician, Scotland

- 5.6.3 Recognition of prior learning was also viewed as beneficial for those who may have begun their education in other countries, as this proposal would mean their previous studies and training could be used towards their progression to become a contact lens optician, rather than having to start from the beginning unnecessarily or undertake additional assessments.

I think for qualifications from other countries, and maybe things like optometry, certainly we should be recognising if someone's already shown on a different course that they're able to refract or they're able to assess a bit of a contact lens, then we shouldn't necessarily need to assess that same thing again.

Contact lens optician, England

Some questions raised about how prior learning would be measured

- 5.6.4 Although attitudes were generally positive towards the recognition of prior learning, some participants raised questions about how this would work in reality. These questions focused on exactly how prior learning would be recognised, as participants wondered at what stage of the training certain levels of knowledge and experience would place an individual, and how their prior knowledge would be measured and verified to ensure a fair approach is taken. Some participants also questioned how far back in time prior learning should be recognised, as it was felt that after a while, it would be safer and fairer to expect a dispensing optician to begin their training again from the start, or to refresh their knowledge in a particular area to ensure it is up to date.

Would this need to be on an individual case basis, this recognition? Because you could have people with qualifications that they've taken in other countries, and whether or not they would count as prior learning, what they're done.

Contact lens optician, England

I think that with a few years' break, you certainly need to go over everything you already knew. Because if you don't use it, you lose it, up to a point.

Contact lens optician, England

It's very easy to lose even basic slit lamp skills if you're if you're not doing it on a regular basis. So I think, yes, by all means take into account that previous knowledge, but you've got to bring it up to date before you can accept it. You've got to be able to show that that knowledge is still there and still current.

Contact lens optician, England

5.7 Outcomes for Approved Qualifications

Within each registrant focus group, participants discussed the six outcomes from the Outcomes for Approved Qualifications document, providing any feedback they had about the wording, the requirements listed within each outcome, the level assigned on Miller's Pyramid, whether they are realistic and achievable, and whether they thought anything was missing. This feedback is summarised below for each outcome.

Outcome 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.

- *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]*

5.7.1 All registrant participants agreed that this outcome and its requirements were realistic and achievable, explaining that these were actions that they were already accustomed to in practice and that these were expected as standard.

I think that's realistic and achievable.

Contact lens optician, England

5.7.2 The only suggestion for changes from some participants was that all the requirements within this outcome should be set at the 'shows how' level to emphasise the importance of upholding professional standards amongst contact lens opticians.

All that is bread and butter stuff, it's what you should be doing. But I kind of think it should be elevated to 'shows how' rather than 'knows how'.

Contact lens optician, England

I think that's probably where the 'shows how' comes into it though, that you know, and can show, different levels to different people based on your understanding of that person and your relationship with that person. So I think that's quite a good use of the Miller's principle of 'shows' rather than just 'knows'...So I think that's quite a good use of that pyramid.

Dispensing optician, Scotland

Outcome 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.

- *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 a good 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 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]

5.7.3 Again, in response to this outcome participants were in agreement that it was realistic and achievable, as it is consistent with how contact lens opticians and dispensing opticians currently operate.

I think it's realistic in terms of it's very much aligned with the strategy for dispensing opticians anyway, in terms of the communication, the building the relationships, working as part of a larger team, having the know-how to approach for additional help, or recognise when there's any warning signs. So I think it's all consistent and realistic with what we do and say now. I can't see anything quickly that comes as a shock.

Dispensing optician, England

I think they all seem to be logical and make sense.

Contact lens optician, Scotland

5.7.4 A number of participants suggested that, as with outcome 1, most of the requirements of this outcome should be set at the higher level of assessment on Miller's Pyramid of 'shows how', again to emphasise that, as contact lens specialists, they are able to demonstrate their level of knowledge and training. In particular, it was felt that the assessment level of the first requirement (assesses the communication needs of the patient/carer and adapts consultation appropriately) should be increased to 'shows how', as consideration of the diverse range of communication needs of patients was viewed as increasingly important. However, it was acknowledged that assessment at this level may be difficult.

I think for me, the one that jumps out is the very first one. I think it's potentially a bit more important than just 'knows how'. I guess as a contact lens optician, generally you are going to be seeing younger patients, but in optics as a whole you see a lot of people with sort of combinations of vision and hearing deficiencies and any kind of impairments, so knowing how to speak to everyone and how to communicate properly with everyone is really very important for a practitioner. So I think maybe that one could be a bit higher.

Dispensing optician, Scotland

From a practical point of view, how would you actually implement that within the course assessment? It's the outcomes, so you wouldn't necessarily, if you were going to do your practical exams, get someone who was deaf or who needed a carer there. So you're not going to be able to necessarily demonstrate to 'show how' level. It's like when you're doing your driving test and they say, 'What would you do if there was ice on the road?' and you explain what you would do. You're demonstrating that you know how, they can't produce ice from nowhere. Maybe that's why it's only a 'knows how' rather than a 'shows how'.

Contact lens optician, England

Outcome 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.

- *O3.1 Demonstrates knowledge of appropriate instrumentation for detailed inspection of the anterior segment of the eye, related ocular adnexa and tear film. This should include methods of illumination, filters and other instrument attributes. [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 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, and creates and maintains accurate and contemporaneous records of all patient advice and management decisions in line with relevant legislation. [Does]*

5.7.5 This outcome was also viewed as realistic and practical, and some participants explained that the requirements listed were useful as they clearly set out the process of a practical examination for contact lens optician trainees.

It summarises the whole practical exam. When I qualified, things just weren't clear at all. We had to figure things out a lot ourselves. This is really all quite helpful for the person taking on the course really, because it ticks off a lot of stuff and tells them exactly what you've got to do.

Contact lens optician, England

5.7.6 Some participants suggested that the assessment level for O3.1 should be increased to the 'shows how' or 'does' level as it references the demonstration of knowledge and was seen as critical to the ocular examination process. The same feedback was suggested for O3.5.

I would have thought the first one would have been a 'shows how'? Because it's saying about demonstrating knowledge, the 'detailed inspection of the anterior segment of the eye'. So you'd think that that would be a case of showing someone that you know how to do that rather than just knowing how to do it?

Dispensing optician, England

They should be able to use the correct instrumentation.. That's not just a 'knows how', that should be a 'shows how', maybe a 'does'. Certainly when I qualified as a CLO, that was part of my practical examination, that I had to be able to light the segment of the eye properly using instrumentation... You've got to be able to do it, because you need that as part of your

contact lens fitting capability. You can't see problems without the correct instrumentation and correct lighting and everything. So that's got to be a 'does', I think.

Contact lens optician, England

I would say O3.5 has to go up to 'does' from 'knows' because that's what you're presented with in practice most days, somebody that's come in with a damage on the eye, because contact lens fitting is bad, or a patient that comes in with hay fever that's got an issue with their eyelid. You've got to know and you've got to act on it. You've got to know how to and what's legal for you to be able to do. It's got to go up, it's far too low.

Contact lens optician, England

- 5.7.7 It was also suggested that the requirements should reference 'accurate' assessment where it is referenced in O3.2 and O3.3.

Maybe in that 3.2, they need to put 'accurate assessment' rather than just an 'assessment'.

Contact lens optician, England

Outcome 3.2 – it says, 'Assesses the anterior segment, related ocular adnexa and tear film in a systematic sequence'. It doesn't say anywhere that they've done it accurately. There's nowhere actually that says they can look at an eye, but have they looked at it in any kind of accuracy, in order to be able to note it down.

Contact lens optician, England

- 5.7.8 Participants discussed the wording 'all types of contact lenses' referenced in O3.8. Some were surprised that the outcomes would expect contact lens opticians to show how to manage complications for all types of contact lenses, explaining that this was potentially asking too much of contact lens opticians. However, it was suggested that this wording may have been deliberately used to future-proof the Outcomes document as new types of contact lenses are manufactured.

I think there are some contact lens complications that some CLOs might not be able to manage. They might need to refer. I might be wrong. Is this giving them a lot more to do?... This feels to me like they're expected to do more than they're expected to on the high street.

Dispensing optician student, England

I think partly it's to try and future-proof it. You see more hybrids and things like that these days, so rather than just saying soft and rigid, because there are some others in there.

Contact lens optician, England

Outcome 4 – Verification and identification

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.

- *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]*

- 5.7.9 Most participants had no issues with this outcome and felt it was generally acceptable. However, some participants felt that the requirements within this outcome, particularly O4.1 and O4.2,

represented useful background knowledge, but would not necessarily be relevant to contact lens opticians in day-to-day practice. It was suggested that this type of knowledge was quite specialised and would be more relevant for those specialising in contact lens manufacture. Therefore they felt that the 'knows how' level of assessment was about right.

They make sense, but they've been of almost zero use to me in the last 20 years, in all honesty. It's all stuff that you can understand, but it's like Pythagoras' theory to me. How often do you actually use this in a day-to-day practice? I suppose the 'knows how' is useful. If you were then going to go on and specialise a bit further it might be more relevant.

Contact lens optician, England

I think those competencies belong to a different qualification. They're on contact lenses, but they're just not relevant to a contact lens optician. I would agree with the last one.

Contact lens optician, England

5.7.10 A number of participants also suggested that O4.3 was set at too high a level of assessment on Miller's Pyramid, and should be 'knows how' rather than 'shows how', in line with O4.1 and O4.2. These participants discussed that this requirement was likely referring to the use of a radiuscope, something which they explained was rarely seen or used in practice, and that the process of differentiating between the design features of contact lenses is unnecessary in practice.

This is on use of radiuscope and things like that. I actually think this needs to stay at 'knows how', because nobody ever uses a radiuscope in practice now. They don't use one in the hospital. Lenses come through as we expect them to be, we've no need to measure them. If they're not fitting correctly, we just order a new one and get it exchanged. I support this just being taken down and out of having to be demonstrated in an exam scenario.

Contact lens optician, England

Outcome 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.

- *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. prescription, history and any relevant information supplied by an optometrist or medical practitioner) 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]
 - O5.11 Informs patients of the importance of continuing contact lens and general ocular aftercare and provides 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]
- 5.7.11 As with the other outcomes, participants said that they generally agreed with this outcome, its requirements, and the level of assessment that had been assigned on Miller's Pyramid.

I like that these are all 'shows how' and 'does'. I think that's important, because it actually demonstrates that you're capable of doing what you're supposed to be doing.

Dispensing optician, England

It's important that they're all measured practically rather than just showing an understanding of it. I think the way they've worded it all makes sense to me. If we all operated to that level of standard, then I think it'd be a great thing.

Contact lens optician, Scotland

- 5.7.12 The majority of feedback for this outcome was related to O5.12 (selects and fits the most appropriate complex/specialist contact lens for the planned use and clinical needs of the patient; manages the ongoing contact lens care of own patients). A number of participants said they were surprised by the inclusion of 'therapeutic, prosthetic and cosmetic contact lenses' in this requirement, especially set at the level of 'shows how', as they thought the fitting of these lenses could be quite specialist and was something which they would consider referring. It was therefore suggested that reducing the level of assessment to 'knows how' may be more appropriate for most contact lens opticians.

The thing I wonder about is the complex/specialist contact lenses, because I don't feel like on my course we went into that enough. So therapeutic prosthetic, I know what I could do, I could refer it on, but I don't personally feel I could fit it myself. So if that's what that competency is they would need to put a bit more guidance into the course itself to be able to fit those. I don't think it covers it enough.

Contact lens optician, England

When it comes to the prosthetic and cosmetic lenses, that's a hospital thing. I would certainly have knowledge of what you would do and where I would refer, but whether or not I would actually show... 'Shows how' might be the wrong thing.

Contact lens optician, Scotland

Outcome 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.

- O6.1 Demonstrates appropriate clinical and diagnostic skills within personal scope of practice. [Does]
- O6.2 Understands common ocular conditions, presenting symptoms and urgency e.g. glaucoma, retinal detachment and age-related macular degeneration (AMD). [Knows]
- O6.3 Understands the principles and maintains knowledge of evidence relating to myopia management. [Knows how]
- O6.4 Demonstrates knowledge of refractive techniques including the principles of binocular vision management. [Shows how]
- O6.5 Understands the range of lenses available including soft, rigid and new materials/modalities. [Knows]
- O6.6 Understands the clinical application of all contact lens types e.g. optical, therapeutic, protective, diagnostic, prosthetic and cosmetic. [Knows]
- O6.7 Understands and safely applies knowledge of the drugs and staining agents used in clinical practice, including any relevant risks and side effects. [Knows how]
- O6.8 Understands the various forms of ocular surface diseases (e.g. dry eye) and maintains knowledge of available management options. [Knows how]
- O6.9 Implements infection prevention and control in optical practice. [Does]
- O6.10 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]
- O6.11 Applies current legislation to contact lens practice and understands the relevant legislation surrounding the use of common ocular drugs. [Shows how]
- O6.12 Evaluates advances in contact lens practice, the evidence behind management strategies and any emerging safety concerns. [Knows]
- O6.13 Demonstrates a reflective approach to learning and own development of contact lens practice to ensure continued alignment with current best practice. [Shows how]
- O6.14 Understands continuing education and professional requirements (e.g. continuing professional development (CPD)) within contact lens practice. [Knows]

5.7.13 Feedback for this outcome was generally positive, with participants stating that the requirements listed marked a significant improvement from the previous Continuing Education and Training (CET) scheme, which they felt was too much of a ‘tick box’ exercise and not useful. By contrast, participants felt that this outcome listed relevant learning and development opportunities that would be useful in practice and that would actually assist with their continuing development as contact lens opticians.

The old CET was just kind of literally, tick every box. Sometimes it was barely relevant, but it ticked the box. Whereas all of this is something that I would find useful in daily practice.

Contact lens optician, England

I like this better than the CET cycle that we've just finished. Just because sometimes you were literally digging through to kind of tick a box. Whereas all of this, every single thing on here is useful.

Contact lens optician, England

6. Patient focus group feedback

This section details feedback from patients in the two online focus groups with members of the public who currently used contact lenses at least once a week.

Experiences of contact lens wearing

- 6.1.1 When asked what made them decide to try contact lenses, participants mostly discussed the practicalities of wearing contact lenses over glasses. Participants felt that wearing contact lenses was more appropriate when taking part in sports, leisure activities and exercise as they were concerned about glasses falling off their face or getting damaged. Another practical reason for wearing contact lenses was due to the recent issue of wearing face masks and PPE during the pandemic which causes glasses to steam up and vision to be obscured.

I played sports and they were constantly getting knocked off my face.

Female, England, 35-54

I've probably worn them a little bit more in the last couple of years because of the face masks. If I wear glasses they steam up and I can't see.

Male, England, 35-54

- 6.1.2 Another common reason for trying contact lenses was for aesthetic purposes. It was felt that wearing contact lenses gave participants more confidence than wearing glasses, which participants often described as making them feel unattractive, or not like themselves. These participants highlighted that their own negative opinions of wearing glasses and desire to try contact lenses began around adolescence as they became more aware of their self-image.

I waited for my 14th birthday because the optician said I couldn't have contact lenses before. They always felt so uncomfortable, and I had those very geeky NHS glasses that were thick at the side. I was an adolescent, I didn't feel attractive.

Female, England, 35-54

I wore glasses from about 13 to 19 or 20, and I just felt like a geeky nerd. I'm really short sighted as well, so they were quite thick glasses. I just wanted to look better, it was just a vanity thing.

Male, England, 35-54

- 6.1.3 Although participants were generally happy with their contact lenses, a number of 'teething issues' were reported from when participants first began wearing them. The main issue discussed was getting used to wearing contact lenses, from putting them in to becoming accustomed to the feeling or sensation of them in their eyes. A small number of participants also said they could sometimes feel their contact lenses moving around in their eyes. Other issues included dry and irritated eyes, which was mostly put down to wearing contact lenses for too long, and struggling to find appropriate lenses due to having a 'bad' prescription or complex eye conditions.

Because I have allergies...it used to irritate my eyes. They used to be running all the time and sometimes my eyes would get dry. So it was a really difficult process for me to get adjusted to.

Female, Wales, 18-34

I've got quite a bad prescription...[which] wouldn't allow me to have contacts because I have to have the really thick toric ones. And because of my astigmatism they have to be weighted...So it's only in the last seven or eight years that I've managed to get contact lenses that I can wear for a prolonged amount of time...I had to wait for technology to catch up to allow me to use contact lenses.

Male, England, 18-34

- 6.1.4 The main benefits of wearing contact lenses suggested by participants linked back to the reasons why they decided to begin wearing them. This includes an improved sense of confidence and self-esteem due to not wearing glasses and the belief that wearing contact lenses is better for playing sports, exercising or taking part in leisure activities. One participant suggested that contact lenses were more cost effective for going on holiday or during the summer, as they explained that it was cheaper to wear non-prescription sunglasses over contact lenses than to buy prescription sunglasses.

I suppose you can save on money...I've got prescription glasses and prescription sunglasses which all add up, but if I wear my contact lenses I can wear non-prescription sunglasses which are a lot cheaper for going on holiday or when it's sunny.

Female, England, 35-54

- 6.1.5 Participants were asked if they would recommend wearing contact lenses to other people. A few said they would recommend wearing contact lenses as they had improved their vision, whilst it was more widely agreed that they would recommend wearing contact lenses with some caveats which they had learned from experience. These included how to wear contact lenses properly and for an appropriate length of time, investing in better quality contact lenses, looking after eye health and aftercare.

I remember the first time my optician put my lenses in for me. When they came in it felt like magic. I felt like somebody had hit a button on the back of my head, and I could suddenly go, 'Oh man, I can see properly!'...For that, I would recommend it.

Male, England, 35-54

Be more mindful of eye health than you might think to be, if you're going to wear contact lenses.

Female, England, 35-54

I would recommend them, but I've said to my daughter...'If you wear them, don't wear them all day, don't wear them every day. Just wear them for a few hours at a time.' Because excessive use of mine is what dried my eyes out so badly. Wear a bit of both, glasses and contact lenses, and use drops.

Female, England, 18-34

- 6.1.6 However, not all participants agreed, with a small number who said they would not necessarily recommend contact lenses as they were a short-term solution for issues such as playing sports and did not provide the same quality of vision as wearing glasses.

I find it's just a little less precise, contact lenses. It's a little bit off and it's never quite as good as glasses. I don't know if that's because of the way they're made, but I just always find they're slightly less precise than my glasses. I only really wear them for football.

Male, England, 18-34

I'm varifocal with both lenses and glasses and I just find that the lenses sometimes don't give me the best vision, so glasses are obviously better for me...It depends on what I'm doing though, really.

Female, England, 55+

Experience of visiting an opticians for contact lenses

- 6.1.7 As seen in previous research, there was a general assumption amongst participants that they would receive a good standard of care when visiting an opticians for their contact lenses as they trusted that optical professionals would have the necessary knowledge and training.

Not only are they looking at your eye and checking your eye health, they are advising you on essentially putting a piece of plastic over your eye...You want to have knowledgeable people telling you what they're going to be doing with your eyes...They told me that contact lenses wouldn't be the best vision until technology caught up, and I took that advice, because I was told by who I believed were fully trained people.

Male, England, 18-34

- 6.1.8 Some participants felt confident that they would receive a good standard of care when visiting an opticians because they had consistently received good service from a specific chain or branch over a number of years. These participants praised certain elements of previous visits to their chosen opticians, such as thorough examinations, practitioners working hard to find the appropriate contact lenses, and trusting larger brand names.

I'm on the contact lens scheme with Boots so it's a yearly check-up and they're pretty thorough. I feel really confident in their service because I've had a very good and positive experience with them, even when I moved house and went to a different branch.

Female, England, 35-54

I'm with Specsavers on the contact lens scheme and they've been really good for me...I just trust it because it's a well-known brand name as well.

Female, England, 18-34

- 6.1.9 Opinions and experiences were mixed when discussing the quality of communication when visiting an opticians for contact lenses. For those who were positive about the communication they had received, this was mostly due to the familiarity with their optometrist and subsequent continuity of care, being kept up to date, friendly staff, and being provided with the opportunity to ask questions if necessary.

I've always been to Specsavers, and I'm quite lucky that I do get to see the same one or two people every time...I was seeing my first optician for the first 20 odd years of my life until he retired.

Male, England, 18-34

I had an appointment last week for my contact lenses and it was an hour and a half – they were very thorough, they checked me a few times and I could ask any questions I had.

Male, Scotland, 18-34

- 6.1.10 Those who felt that communication could have been improved attributed this to not being kept informed, a lack of rapport with or consistency of optical professionals, poor communication between staff, and misunderstanding the patients' needs.

I've generally been satisfied with the services that Boots have provided me but it's just the lack of communication...I feel like they're not the best at communicating with you and keeping you updated as to what's happening. When you go there sometimes they're very silent, and I feel like they don't want to talk to you because they're so busy.

Female, Wales, 18-34

It'd almost be good if when you went to the opticians, you could see the same one each time so they kind of knew you and you didn't have to keep explaining yourself.

Female, England, 18-34

- 6.1.11 Thinking specifically about the last time they had visited an opticians in relation to their contact lenses, most participants said they had a positive experience which was largely due to the optical professional they had seen, the quality of their eye examination and their perception of good value for money. However, a small number of participants felt their most recent visit could have been improved. For these participants, this was due to long waiting times to book an appointment and struggling to find comfortable and appropriate contact lenses.

I see the same optometrist at my practice all the time because I've got really complex vision...and I trust her implicitly...It's an independent one.

Female, England, 55+

Wanting to get an appointment is difficult as well. There's a huge waiting time...You have to wait a bit longer for a contact lens appointment, I think it's because they don't have many people that do contact lenses where I go.

Female, England, 35-54

I feel like maybe Specsavers' lenses are cheaper...Maybe if I go somewhere else and pay for a more quality lens then I'll find ones that are more comfortable. Because although I still wear them, I do struggle with them. They're not comfy...I just feel like perhaps they haven't got an extensive range there.

Female, England, 18-34

- 6.1.12 Participants were also asked about the information they received during their contact lens appointment about how to care for them, such as cleaning and storage. Those who could recall receiving this information felt that it was helpful and consistent. However, some could not remember the last time they were provided with information, or believed that information is not needed at every appointment and should only be given when there is a change to the contact lenses or prescription.

They always give advice at the contact lens appointment.

Male, Scotland, 18-34

I had a problem with dry eye when I was working in an office and she gave me good advice about storage, cleaning, bacteria. Really good advice.

Female, England, 55+

I wear dailies so I don't have to follow any particular routine, but if I did swap to ones where I had to use a liquid or lotion, I think they probably would show me what to do.

Female, England, 18-34

Awareness of and attitudes towards contact lens opticians

- 6.1.13 Participants were asked what they knew about the different roles of those who work within an opticians. A small number of participants were able to name specific roles such as 'optometrist', which they often referred to as an 'optician', and 'dispensing optician'. However, most were unsure as to what each role was responsible for within an optical practice.

I do see three different people doing three different roles – one for testing my eyes, one for fitting my glasses and one for doing my contact lenses. But I don't know the difference.

Female, England, 35-54

I know there's an optometrist but I don't know what it is that they do exactly.

Female, England, 35-54

- 6.1.14 Participants were read a short description of the roles of 'optometrist' and 'dispensing optician', with further explanation about how dispensing opticians can gain additional specialist qualifications to become a 'contact lens optician'. When asked whether they knew about the different roles, a small number of participants said they had assumed there was a difference but could not describe or explain the difference between the roles and their responsibilities. This assumption was typically borne from experience, where participants explained they usually see different people or visit a different floor of their opticians depending on whether they are attending an appointment for their contact lenses or glasses.

I know I go upstairs for contact lenses and it's downstairs for glasses.

Female, England, 18-34

I wasn't aware there was a hierarchy of qualified staff. I thought there would be admin staff and then the people who can do everything with your eyes.

Male, Scotland, 18-34

- 6.1.15 Although participants were generally unaware that the role existed, they were able to list a few benefits of the contact lens optician role. One benefit was that patients would have more confidence in contact lens opticians because they would be perceived to be better trained and specialised in contact lenses. Participants also believed that contact lens opticians would provide a holistic approach due to being specialists, which was favourable amongst some participants.

I do think there's benefits to patients, because they'll have more knowledge and you'll feel more confidence in the services that they're providing as well...They can give you more of a holistic overall service.

Female, Wales, 18-34

They might be more helpful because they would know how to treat the symptoms and prescribe the right contacts, perhaps.

Female, England, 18-34

- 6.1.16 Another benefit to the role of contact lens optician was that it would be more efficient for patients and less confusing if they were able to see one person to advise on both glasses and contact lenses, rather than two separate optical professionals. Relating to patient experience and efficiency, some participants also felt that it would be easier to get an appointment for their contact lenses if more optical professionals were qualified to advise on them.

It can be confusing when you go and see three different people in the opticians and you don't know who's doing what... There's that continuity of care as well when you go and see the same person. It's not confusing, and you feel more secure.

Female, England, 35-54

I was thinking it would be more efficient, just being able to see one person and not having to wait in between one appointment and the next appointment. And sometimes those appointments aren't on the same day. So it would just be much more efficient.

Female, England, 35-54

- 6.1.17 Most participants said they would be happy to see a contact lens optician. The consensus was that they would assume that a contact lens optician is adequately trained and knowledgeable on contact lenses and eye health to be in that role, with some suggesting that patients may receive better service from someone who is seen to specialise in contact lenses.

As long as someone is qualified to dispense lenses, I'd feel comfortable with them.

Male, England, 18-34

You might feel like you're getting a better service because you're being seen by someone who's a contact lens specialist.

Female, England, 35-54

- 6.1.18 However, not all participants agreed, as it was felt by some that seeing a contact lens optician rather than an optometrist would depend on the complexity of a patient's eye health and their prescription. These participants considered optometrists to be experts in vision and eye health and explained that some patients would prefer to have an appointment with an optometrist than a contact lens optician if they had more complex eye conditions or prescriptions.

If you've just got straightforward eye problems, you know, short sighted or whatever, and you just need contact lenses, then just go and see that person. With more complex conditions, then I'm happier seeing the optometrist.

Female, England, 55+

Now I've got older and I've got more problems with my eyes, it might be more beneficial to see someone that's a lot more experienced to give me the advice.

Female, England, 35-54

- 6.1.19 As seen previously in this research and other consultations, participants typically said they would assume that contact lens opticians would be adequately trained with the appropriate checks being carried out when asked if they would trust in the ability of contact lens opticians to treat patients.

I don't think about it. I just assume... I'm blind to authority, pun not intended.

Male, England, 35-54

If somebody holds a job title, you assume that they're qualified and had the relevant training they need to be able to do that. I've not really thought about it or questioned it before.

Female, England, 55+

- 6.1.20 There was some discussion about the difference between trusting independent opticians compared with multiples. It was generally felt that large brands, such as Specsavers and Boots, could be trusted as it was assumed that there would be rigorous checks on the qualifications of optical

professionals, whereas participants were unsure on how qualifications were checked at independent opticians. Therefore, some participants felt they would be more inclined to carry out their own checks and research should they visit an independent opticians for an appointment for their contact lenses, whilst others assumed there would be a governing body to hold all optical professionals to the same standard.

I think it's easier with places like Specsavers, because you assume that they do have that qualification. You assume they are trained...I think if I was at an independent optician, I might be a bit more inclined to kind of look on the wall for their certificate.

Male, England, 35-54

I think if I was going to an independent, one that I didn't recognise the name of somewhere local, I might look into it a bit more. You trust the bigger chains to have done that for you.

Male, England, 35-54

I assume that Specsavers and an independent should have the same type of qualifications and the checks to put that professional out there. For an optometrist you have to go to uni, you have training, and have to pass exams. I assume anybody employing an optical professional will do the necessary checks, regardless of whether they're an independent or a large chain...It's the same with pharmacists and the GPhC as well.

Female, Wales, 18-34

- 6.1.21 Participants considered whether they would want to know more about the qualifications of contact lens opticians, such as where and how they were achieved and who approved them, resulting in mixed opinions. Some felt that it would be beneficial for patients to receive more information on this as it could provide more clarity, allowing patients to understand what a contact lens optician is qualified to do. It was also felt that parents would benefit from learning more about a contact lens optician's qualifications to reassure them if their child is attending an appointment with them.

I do think it would be beneficial, because...you know there's a contact lens specialist and you can go to that person for your needs regarding contact lenses...It would make things easier for the patients and less confusing, because if you don't know, it can be quite a difficult experience for them...I think it would make the journey simpler for them.

Female, Wales, 18-34

I think if you've got children that you're taking to the opticians, it might be beneficial to have something on the wall that you can see as a parent.

Female, England, 18-34

- 6.1.22 However, some participants felt they would not want or need further information about a contact lens optician's qualifications as they would simply assume that they are appropriately qualified, as previously discussed. These participants said they would not want their contact lens appointment to take any longer than necessary, but suggested that the information could be displayed on the wall during the appointment for those who are interested in seeing it

I don't want to be sitting there for another 15 minutes while they read off all their qualifications to me at the start of the appointment. If it was a poster on the wall going, 'I'm Dr So-and-so, and this is my job role and I do this...', like they have in some hospitals, then I could read it if I wanted to, or not. I wouldn't want it shoved down my throat when I got in there prior to an appointment to tell me why they're qualified to give me contact lenses.

Male, England, 18-34

Appendix A – Consultation questionnaire

Education and training requirements for entry to the GOC register as a contact lens optician

Overview

This consultation seeks your views on our proposals to update our requirements for specialist entry to the GOC register as a contact lens optician. These proposals are available to download at the bottom of this page under the 'related' section.

What are we seeking your views on?

- Our proposed **Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a contact lens optician** ('outcomes for approved qualifications') which 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.
- Our proposed **Standards for Approved Qualifications for Specialist Entry to the GOC Register as a contact lens optician** ('standards for approved qualifications') which 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.
- Our proposed **Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a contact lens optician** ('quality assurance and enhancement method') which describe how we will gather evidence to decide in accordance with the Opticians Act 1989 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.
- Our **outline impact assessment**, which describes our assessment of the impact of our proposals to update our requirements for approved qualifications for specialist entry to the GOC register.

These proposals are available to download at the bottom of this page.

What will our proposals replace?

Together, these documents will replace 'Visit Handbook Guidelines for the Approval of: A) Training Institutions; and B) Providers for Schemes for Registration for United Kingdom Contact Lens Opticians' (published November 2007) and the 'Contact Lens Speciality Core Competencies' published in 2011 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, which are published separately. You can

read the documents we are proposing to replace, here; **handbook** [<user_uploads/contact_lens_handbook_final_nov_2007_pdf--28--2.pdf>](user_uploads/contact_lens_handbook_final_nov_2007_pdf--28--2.pdf) and **competencies** [<user_uploads/contact_lens_specialty_competencies_2011_pdf--18-.pdf>](user_uploads/contact_lens_specialty_competencies_2011_pdf--18-.pdf) .

Why are we consulting?

We would like to hear your views and receive evidence of the impact of our proposals to update our education and training requirements for GOC approved qualifications for specialist entry to the GOC register to ensure that the qualifications we approve in the future are responsive to the changing landscape in the delivery of eye-care services and fit for purpose in each of the UK nations.

Our proposals mitigate the risk that our current requirements (contained within our quality assurance handbooks) become out of date.

The proposed outcomes and standards for approved qualifications and quality assurance and enhancement method together will ensure the qualifications we approve are responsive to the changing needs of patients and service-users and changes in higher education, not least as a result of the COVID-19 emergency, as well as increased expectations of the trainees, commissioners and employers.

What have we consulted on previously?

These proposals are based on our analysis of our responses to our Call for Evidence, Concepts and Principles Consultation 2017-2018, feedback from our 2018-2019 consultation on proposals stemming from the Education Strategic Review (ESR) and associated research, and our public consultation held in July-September 2020 on proposals to update our requirements for GOC approved qualifications leading to registration as an optometrist or a dispensing optician. For more information, please see the GOC's consultation hub. For further information about the ESR, please visit the **ESR policy development and research page** [<https://www.optical.org/en/Education/education-strategic-review-esr/esr-policy-development-and-research.cfm>](https://www.optical.org/en/Education/education-strategic-review-esr/esr-policy-development-and-research.cfm) .

How have we developed our proposals?

Our proposals have been guided by evidence-based policy making and draw upon best practice from other regulators, professional and chartered bodies. You can read our research, background and briefing papers **here** [<https://www.optical.org/en/Education/education-strategic-review-esr/esr-policy-development-and-research.cfm>](https://www.optical.org/en/Education/education-strategic-review-esr/esr-policy-development-and-research.cfm) .

In preparing this document we were advised by an Expert Advisory Group (EAG) with input from the Quality Assurance Agency and feedback from a range of stakeholder groups including our Education Visitors, our Advisory Panel (including the Education Committee), the optical sector and sight-loss charities.

We would like to thank everyone who took the time to help us develop our proposals to ensure our proposed outcomes for approved qualifications, standards for approved qualifications and quality assurance and enhancement method protects and benefits the public, safeguards patients, and helps to secure the health of service-users.

You can read the EAGs' terms of reference and membership **here**

<<https://www.optical.org/en/Education/education-strategic-review-esr/expert-advisory-groups.cfm>> .

What are our key proposals?

Key proposals

- a. Candidates will acquire a qualification approved by the GOC leading to specialist entry to the GOC register as a contact lens optician.
- b. 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.
- c. 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.
- d. 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.
- e. 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).
- f. 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.
- g. 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.

What do I need to do?

If you are a member of the public, a patient or service-user, you may only be interested in reading our proposed outcomes for approved qualifications and answering questions 1, 2 and 3 in section 1 (which should take about five minutes to complete in addition to reading the document) along with questions in section 2 (which we are asking everyone to answer) about the impact of our proposals. However, you may well be interested in reading our proposals in full and answering all the questions we've asked in section 1.

If you are a GOC registrant, or an employer of GOC registrants, or you are responding on behalf of a provider of a GOC-approved qualification, a professional membership or third sector body, or another organisation or regulator, you may be interested in reading our proposals in full and answering some or all of the questions in section 1 (which should take about 15-20 minutes to complete in addition to reading the documents.)

Towards the end there are some questions for everyone to answer about the impact of our proposals (section 2, which will take about five minutes to complete).

We recognise our proposals are detailed, with a range of impacts on different stakeholder groups, so if you wish to answer all the questions in both sections of the questionnaire, please do so.

Consultation data will be securely shared with our research partner for this work, Enventure Research, for independent analysis and reporting. We will be receiving data on a regular basis and will adjust our approach to engagement with the sector as guided by Enventure Research.

Privacy statement

The information you provide to us, the GOC (as data controller), will be processed and used in line with our statutory purpose under the Opticians Act as a public task in order to set standards for optical education and training, performance and conduct. For more information regarding how we process your data please see the **full privacy statement** <https://www.optical.org/en/about_us/data-and-information/privacy-statement.cfm> on our website.

Right to erasure

Article 17 of the General Data Protection Regulations provides data with the right to erasure; this is known as the right to be forgotten. Right to erasure requests should be sent to the Data Protection Officer (FOI@optical.org) and will be responded to within one calendar month of receipt.

Data controller

We are registered as a data controller with the Information Commissioner's Office, registration number Z5718812. We are committed to maintaining robust information governance policies and processes to ensure compliance with relevant legislation. Any information you supply will be stored and processed

by us or on our behalf, by approved and verified third parties, in accordance with the General Data Protection Regulations and the Data Protection Act 2018.

Introduction

It is helpful for us to know a little bit about you. If you do not wish to provide your name and email address you can leave Q1 and Q2 blank.

1 What is your name?

Name

2 What is your email address?

If you would like to receive further updates about our proposals please provide your email address.

Email

About you

In order to ensure we ask you the right questions, we would like to know a little more about you.

1 Are you responding on behalf of an organisation?

(Required)

Please select only one item

Yes No

About your organisation

1 On behalf of which organisation are you responding?

Please answer (Required)

2 Which of the following categories best describes your organisation?

(Required)

Please select only one item

- Provider of GOC approved qualification(s) Optical professional body
- Optical business registrant Other optical employer Current CET or CPD provider
- Optical defence/representative body Optical insurer
- Commissioner of optical care Healthcare regulator Other (please specify)

If you selected 'other', please specify

About you (continued)

1 Knowing who you are helps us to ask you the right questions. Which category best describes you?

(Required)

Please select only one item

- Member of the public Recent optical patient/service user (or their carer)
- Dispensing optician Contact lens optician Trainee contact lens optician
- Optometrist Independent prescribing optometrist Optometry student
- Dispensing optician student Other (please specify)

If you selected 'other', please specify

Section 1: Consultation questions

1 Have you read the 'Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a contact lens optician' before answering the next two questions?

(Required)

Please select only one item

- Yes No

2 What impact, if any, will introducing the proposed 'Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a contact lens optician' have on the expected knowledge, skill and behaviour of future contact lens opticians?

(Required)

Please select only one item

- Very positive impact Positive impact No impact Negative impact
 Very negative impact Don't know

3 Is there anything in the criteria in the 'Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a contact lens optician' that is missing or should be changed?

(Required)

Please select only one item

- Yes No Don't know

If you ticked 'yes' please provide details.

4 Have you read the 'Standards for Approved Qualifications for Specialist Entry to the GOC Register as a contact lens optician' before answering these questions?

Please select only one item

- Yes No

5 What impact, if any, will introducing the proposed 'Standards for Approved Qualifications for Specialist Entry to the GOC Register as a contact lens optician' have on the expected knowledge, skill and behaviour of future contact lens opticians?

Please select only one item

- Very positive impact Positive impact No impact Negative impact
 Very negative impact Don't know

6 Is there anything in the 'Standards for Approved Qualifications for Specialist Entry to the GOC Register as a contact lens optician' that is missing or should be changed?

Please select only one item

- Yes No Don't know

If you ticked 'yes' please provide details.

7 Have you read the 'Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a contact lens optician' before answering these questions?

Please select only one item

- Yes No

8 Is there anything in the 'Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a contact lens optician' that is missing or should be changed?

Please select only one item

Yes No Don't know

If you ticked 'yes' please tell us what you think is missing or should be changed.

9 To what extent do you agree with our proposal to replace our handbook for contact lens opticians and related policies with the proposed 'Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a contact lens optician,' 'Standards for Approved Qualifications for Specialist Entry to the GOC Register as a contact lens optician' and 'Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register as a contact lens optician'?

Please select only one item

Strongly agree Agree Neither agree nor disagree Disagree
 Strongly disagree Don't know

Please explain your response

10 Is there anything else you would like to tell us about the education and training of future contact lens opticians?

Please answer

Section 2: Impact of our proposals

We would like to ask everyone the following questions on impact of our proposals.

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

(Required)

Please select all that apply

- Age Disability Gender reassignment Marriage and civil partnership
 Pregnancy and maternity Race Religion or belief Sex
 Sexual orientation None of the above Don't know

Please provide details

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

(Required)

Please select all that apply

- Age Disability Gender reassignment Marriage and civil partnership
 Pregnancy and maternity Race Religion or belief Sex
 Sexual orientation None of the above Don't know

Please provide details

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

(Required)

Please select only one item

- Very positive impact Positive impact No impact Negative impact
 Very negative impact Don't know

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

Please answer

Further information

1 Can we publish your response?

(Required)

Please select only one item

Yes Yes, but please keep my name / my organisation's name private No

Equality, diversity and inclusion

We welcome consultation responses from everyone, regardless of age, disability, gender reassignment, race, religion or belief, ethnicity, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity.

We don't want anybody to miss out or be disadvantaged because of the way we work and we try hard to make sure this doesn't happen. The following questions help us to understand who we are reaching with our surveys, so that we can make sure that everybody has the opportunity to get involved.

You do not have to answer these questions (just click 'Prefer not to say'), but we would be grateful if you did. Your answers to these questions will be treated as confidential and held securely in line with data protection requirements. They will not be considered or published alongside your name or anything else that might identify you.

For more information about how we use information like this across the General Optical Council, please visit the **Equality, Diversity and Inclusion section of our website** [<https://www.optical.org/en/about_us/equality-and-diversity.cfm>](https://www.optical.org/en/about_us/equality-and-diversity.cfm) .

If you are responding on behalf of an organisation, please do not respond to these questions.

1 Age

Please select only one item

- Under 25 25-34 35-44 45-54 55-64 65+
 Prefer not to say

2 Gender

Please select only one item

- Female Male Intersex Non-binary Prefer not to say

3 Gender identity

Is your gender identity different from the gender you were assigned at birth?

Please select only one item

- Yes No Prefer not to say

4 Sexual orientation

Please select only one item

- Bisexual
 Heterosexual/straight
 Gay/lesbian
 Other
 Prefer not to say

5 Marital status

Please select only one item

- Civil partnership
 Divorced or civil partnership dissolved
 Married
 Separated
 Single
 Widowed
 Prefer not to say

6 Ethnicity

Please select only one item

- White - English/Welsh/Scottish/Northern Irish/British
 White - Irish
 White - Gypsy or Irish Traveller
 Other White background (please specify)
 Black or Black British - Caribbean
 Black or Black British - African
 Other Black background
 Asian or Asian British - Indian
 Asian or Asian British - Pakistani
 Asian or Asian British - Bangladeshi
 Asian or Asian British - Chinese
 Other Asian background
 Mixed - White and Black Caribbean
 Mixed - White and Black African
 Mixed - White and Asian
 Other mixed background
 Other - Arab
 Other ethnic group
 Prefer not to say

7 Religion/belief

Please select only one item

- No religion or belief
 Buddhist

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

- Hindu
 Jewish
 Muslim
 Sikh
 Other (please specify)

- Prefer not to say

If you have selected 'other', please specify

8 Disability

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

Please select only one item

Yes No Prefer not to say

9 Pregnancy/maternity

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

Please select only one item

Yes No Prefer not to say

10 Carer responsibilities

Do you perform the role of a carer?

Please select only one item

Yes No Prefer not to say

Appendix B - Detailed free-text consultation responses

Is there anything in the criteria in the 'Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician' that is missing or should be changed? Please explain

Full response from ABDO

O2.2 'Good outcome' should be amended to 'best outcome'. Although the best outcome may not be achieved it should still be the initial aim.

O2.3 Consider changing the term 'eye health goals' to 'eye health needs'.

O2.5 As healthcare practitioners CLOs will and should engage in patient communication about health issues other than just those related to contact lenses or ocular issues. For example, conversations around diabetes and the needs for regular checks, smoking cessation support, indications of possible high cholesterol levels and getting checked out. Should be expanded to read as:

Encourages patients to take responsibility for their ocular health and to respond to contact lens and other and other health conditions appropriately.

O3.1 This outcome should be expanded to include the word technology, to ensure it is future-proofed for changing methods and approaches to anterior eye examination. The use of diagnostic stains should also be included:

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.

O3.3 Expand to include regularity also:

Assesses the curvature and regularity of the cornea and any other dimensions required for contact lens fitting.

O5.4 Requires rewording as, although a spectacle prescription may only be provided by the optometrist or medical practitioner, other history and relevant information may be supplied by other healthcare practitioners e.g. pharmacist, dispensing optician, orthoptist. Consider changing to:

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.

O5.11 This could more clearly reinforce the requirement for the CLO to inform the patient of the need for regular eye examinations with the optometrist. It is also the duty of the CLO to refer the patient to the optometrist when they become aware the patient requires a new eye examination. Consider changing to: Informs patients of the importance of continuing contact lens aftercare and ongoing routine eye examinations, and provides information on arranging appropriate ocular appointments and relevant emergency procedures.

O6.2 Consider changing to '...and urgency of referral e.g. glaucoma...'

Full response from British Contact Lens Association

O3.4 – Would this mean that students are diagnosing and managing ocular diseases? How is this different from an optometrist? The scope of conditions ought to be defined

O3.6 – How is this different from an optometrist who needs far more practical training and a 4 year degree?

O5.6 – remove 'new modalities/materials where applicable' – just keep to soft and rigid? A variety of modalities/materials clearly exist, perhaps there is little need to include this in the wording.

O5.12 – this will be better assessed as knows or knows how (e.g. via a portfolio) rather than 'shows how'

O6.2 – These students are GOC registrants and this aspect has already been demonstrated as part of their DO course. This qualification should cover contact lens related competencies, as registrants will continue to maintain their existing knowledge via CPD. Suggest removal of this outcome

O6.3 – Could this be written more widely, i.e. maintains evidence relating to contact lens developments i.e. not just myopia management?

O6.4 – These needs to be framed around contact lenses working from a certified in-date prescription

O6.7 – These students are GOC registrants and this aspect has already been demonstrated as part of their DO course. This qualification should cover contact lens related competencies, as registrants will continue to maintain their existing knowledge via CPD. Suggest removal of this outcome

O6.11 – These students are GOC registrants and this aspect has already been demonstrated as part of their DO course. This qualification should cover contact lens related competencies, as registrants will continue to maintain their existing knowledge via CPD. Suggest removal of this outcome

Is there anything in 'Standards for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician' that is missing or should be changed? Please explain

Full response from ABDO

"Below are some suggested changes that will enable the Standards for Approved Qualifications for Specialist Entry to the GOC Register as a contact lens optician' to be aligned to the associated Standards for Approved Qualifications for Dispensing Opticians and Optometrists. These have been highlighted as there is no current understanding of why they are different:

S3.2 Should be amended to say'The component parts should be linked into a cohesive programme of academic study, clinical experience and professional practice (for example, Harden's spiral curriculum9)....'

S3.3 It should be considered that although the current process to become a DO requires the trainee to already be qualified and therefore gained work experience. With the changes proposed by the GOC it may be possible for student to train to be qualified as a DO and a CLO through the same educational programme and virtually at the same time (with exception to entry onto the register). Therefore it should be considered that an amended version of the following from the Standards for Optometrists and DOs is added in here.

'The approved qualification must provide experience of working with patients (such as patients with disabilities, children, their carers, etc); inter-professional learning (IPL); and team work 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 integration10). This experience must increase in volume and complexity as a student progresses through a programme.

It should be considered to add standard 2.10 from the Standards for Optometrists and DOs:

'Summative assessments directly related to the outcomes demonstrating unsafe practice must result in failure of the assessment.'

It should be considered to extend S3.11 to include the following:

'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'

An amended version of Standard S3.13 from the Standards for Approved Qualifications for Dispensing Opticians and Optometrists should be considered adding in, such as:

'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.'

The following standard from the Standards for Approved Qualifications for Dispensing Opticians and Optometrists should be considered adding in:

'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)'

The following standard (S4.2) from the Standards for Approved Qualifications for Dispensing Opticians and Optometrists should be considered adding in:

'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.'

The following standard (S4.4) from the Standards for Approved Qualifications for Dispensing Opticians and Optometrists must be added back in:

'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'

S4.4 Should be amended to include the following (S4.6) from the Standards for Approved Qualifications for Dispensing Opticians and Optometrists:

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

S5.2 Should be amended to include the following from the Standards for Approved Qualifications for Dispensing Opticians and Optometrists:

* sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals;

* sufficient supervision of trainee learning in practice by GOC registrants who are appropriately trained and supported in their role"

Appendix C - Registrant focus group guide

Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups if, for example, certain questions do not elicit useful responses. Times shown are based on 75-minute online focus group

BEFORE GROUP START TIME

- Participants asked to join 5/10 minutes early and wait in waiting room to allow the group to start on time
- All participants asked to review the joining instructions
- All participants will have been asked to take part in the online consultation via Citizen Space and read the three new documents

Introduction (5 mins)

- Moderator introduction
- Background to the research:
 - GOC is currently running a consultation on its proposals to update its requirements for specialist entry to the GOC register as a contact lens optician (CLO).
 - Three new documents (Outcomes, Standards, and Quality Assurance and Enhancement Method for Specialist Entry to the GOC Register) have been drafted and the GOC aim to replace the current 'Visit Handbook Guidelines for the Approval Training Institutions and Providers for Schemes for Registration for United Kingdom Contact Lens Opticians' (published November 2007) and the 'Contact Lens Speciality Core Competencies' (published in 2011)
 - As you may know from recently taking part, the GOC is seeking views via an online consultation survey.
 - In addition, we are delivering a programme of other consultation activities, including more focus groups like this with GOC registrants and groups with patients.
- This group is your opportunity to give direct feedback on how the proposed changes to the education and training requirements for entry onto the register as a contact lens optician will affect you and the profession. We will be covering similar areas to the online consultation you completed, exploring your views and experiences in greater depth.
- Confidentiality:
 - Everything said during this discussion is confidential, so please be as open and honest as possible. There are no right or wrong answers.
 - Enventure Research is an independent research agency, not part of the GOC.
 - We may use quotes from this discussion within the report, but these will remain anonymous and any identifying information will be removed.
 - Market Research Society Code of Conduct and GDPR – ensure confidentiality.
 - All views and opinions of all present, no matter what your role or workplace, are important and valid.
- The group will be recorded – thank you for returning your signed consent forms. The recording will only be used to listen back to and write up notes. It is not passed to anyone else, including the GOC, and will be securely deleted once the consultation is over. **Moderator to start recording and ask everyone to confirm again that this is OK.**
- Whilst I have a good broad understanding of the optical sector, please treat me as a lay person in terms of any abbreviations, acronyms or clinical terminology.
- The session will last for no more than 75 minutes in total. Do you have any questions before we begin?

Warm up (5 mins)

Can you please briefly introduce yourselves in three sentences?

- First name
- Job role/title and workplace setting
- How long you have been working in the optical profession?

The key proposals (25 mins)

Hopefully you have had a chance to go through the consultation documents. First, we will discuss the key proposals that are being suggested by the GOC. There are 7 in total.

Moderator to go through each proposal in turn, sharing a summary on a slide, and asking the same set of questions for each proposal.

1. Candidates will acquire a 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.

Questions for each proposal:

- What do you think to this proposal?
 - Is it a good or bad idea?
 - Do you agree or disagree with the proposal?
 - Why do you say that?
- Overall, what impact, if any, do you think this proposal will have?
 - Are the overall impacts positive or negative?
- What might the impacts be for:
 - Trainees/students?
 - Registrants?

- Public and patients?
- Higher education providers?
- The optical sector as a whole?
- Are there any barriers that the GOC need to consider if implementing these proposals?
- Do these proposals discriminate against or unintentionally disadvantage any individuals or groups?
 - If so, which groups or individuals?
 - What can be done to avoid this discrimination or disadvantage?

The Outcomes (30 mins)

I would now like to spend the rest of the group looking specifically at the Outcomes for Approved Qualifications for Specialist Entry to the GOC Register as a Contact Lens Optician document.

Moderator to go through each of the six outcomes in turn, sharing a slide showing the listed knowledge/behaviours/skills for each, and asking the same set of questions for each outcome.

Questions for each outcome:

- What do you think to this outcome?
- What do you think to the requirements listed within this outcome?
 - Are they appropriate / relevant?
 - Are they set at the correct level on Miller's Pyramid?
 - Are they realistic / achievable?
 - Do they cover everything they should?
 - Can you foresee any problems or barriers?
- What do you think to the wording of the outcome?
- Thinking about the Outcomes document overall:
 - Do you think they cover everything they should?
 - Do you think there is anything missing?
 - What do you think to the level of detail? Too prescriptive / about right / lacking detail?

The overall impact of the proposed changes (10 mins)

- Are there any other potential impacts that the new documents may have that we have not already discussed?
- Taking all the proposed changes into consideration, what impact do you think they will have on:
 - The expected knowledge, skills, and behaviour of future CLOs?
 - Are the impacts positive or negative?
 - Will there be any differences in impact in different devolved nations in the UK?
 - The optical sector?
 - Students/trainees?
 - Patients and the public?
- Is there anything else that the GOC needs to consider when implementing these changes that we have not already discussed?

Summary and close – moderator to:

- *Thank everyone for their time and input*
- *Direct those who have not already done so to complete the consultation online*
- *Ensure everyone has completed the online consent form*
- *Explain how incentives will be administered*
- *Thank & close*

Appendix D – Patient focus group guide

Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups if, for example, certain questions do not elicit useful responses. Times shown are based on 60-minute online focus group

BEFORE GROUP START TIME

- Participants asked to join 5/10 minutes early and wait in waiting room to allow the group to start on time
- All participants asked to review the joining instructions

Introduction (5 mins)

- Moderator introduction
- We are currently working with the General Optical Council (GOC), the organisation which regulates the optical professions in the UK, to find out about what is important to people when visiting an opticians, specifically from those who wear contact lenses, or have experience of wearing them in the past
- Confidentiality:
 - Everything said during this discussion is confidential, so please be as open and honest as possible. There are no right or wrong answers.
 - Enventure Research is an independent research agency, not part of the GOC.
 - We may use quotes from this discussion within the report, but these will remain anonymous and any identifying information will be removed.
 - Market Research Society Code of Conduct and GDPR – ensure confidentiality.
- All views and opinions of all present are valid and your contributions will help shape future GOC policy.
- Please listen to other participants' views and try not to speak over each other.
- The group will be recorded – thank you for returning your signed consent forms. The recording will only be used to listen back to and write up notes. It is not passed to anyone else, including the GOC, and will be securely deleted once the research project has finished. **Moderator to start recording and ask everyone to confirm again that this is OK.**
- The session will last for no more than one hour. Do you have any questions before we begin?

Can you please briefly introduce yourselves in three sentences?

- First name
- Where you live
- How long you have been wearing contact lenses for / how long did you wear contact lenses for?

Experiences of contact lens wearing (10 mins)

- What made you decide to try contact lenses?
 - *Moderator to explore:*
 - *Preference over glasses*
 - *For sports/leisure*
 - *For work*
 - *Confidence/self-esteem/image*
 - *Improved vision to wearing glasses*
- How would you summarise your experience of wearing contact lenses?
 - Have you experienced any problems?
 - What do you think are the main benefits of wearing contact lenses?
 - Would you recommend wearing contact lenses to other people?

Experiences of visiting an optician for contact lenses (15 mins)

- When you visit an optician, how confident are you that you will receive a high standard of care?
 - Why do you feel confident? / Why don't you feel confident?
 - *Moderator to explore:*
 - *Previous experience*
 - *Optician is a chain/known brand*
 - *Qualifications*
 - *Awareness of regulation and standards*
- Thinking back to the last time you visited an optician in relation to your contact lenses, how did you find the experience overall?
 - Were you satisfied or dissatisfied?
- Why were you satisfied? / Why were you dissatisfied?
 - *Moderator to explore:*
 - *Experience overall*
 - *The process of making an appointment*
 - *Waiting times*
 - *The quality of the eye examination*
 - *The optician who saw them*
 - *The costs*
 - *Communication*
 - *Quality of products*
 - *Other reasons*
- Did you feel you were given time in your appointment to be told about how to care for your contact lenses? E.g. how to clean them, how to store them overnight etc.
- How confident were you in the advice you received from the person you dealt with?
 - Why did you feel confident? Why did you not feel confident?
- Do you know which people in an optical practice are qualified to supply and fit contact lenses?
- Can you remember the job title of the person you saw during your contact lens appointment?

Awareness of and attitudes towards Contact Lens Opticians (15 mins)

Moderator to read out:

Optometrists, who you may know as opticians, are trained and qualified to test your sight, prescribe and fit both spectacles and contact lenses, and can also diagnose eye conditions.

Another role you may have come across when visiting an optician is a 'dispensing optician'. Dispensing opticians advise on, fit, and supply the most appropriate spectacles after taking account of each patient's visual, lifestyle and vocational needs.

Dispensing opticians can complete an additional specialist qualification to become what is known as a 'contact lens optician'. Contact lens opticians are qualified to assess whether contact lenses meet the needs of a patient, and if so, they can fit and supply them, and provide the required aftercare.

- Did you already know about the different optical professional roles?
 - How did you find out about them?
- Had you heard of contact lens opticians before today?
 - How were you aware of this role?
- What benefits do you think there are to dispensing opticians gaining additional specialist qualifications to become contact lens opticians?
- Would you feel any more or less comfortable being seen by a qualified contact lens optician rather than an optometrist, or vice versa?
- Would you trust their ability to treat you?
 - Why/why not?

- What would make you feel more comfortable?
- Would you want to know more about their qualifications, such as where and how they were achieved and who approved them?

Communication, consent and shared decision making (10 mins)

Now I would like to focus on communication and the way optical staff speak to you.

- When you last visited or saw an optical professional, how would you rate their communication with you?
 - Was there anything that could have been improved?
- How important is good communication between optical professionals and patients?
 - What is it more important than?
 - *Moderator to explore whether it's more important than other factors such as cost, convenience of appointment etc.*
 - What is it less important than?
 - What could be the consequences if there is not good communication between optical professionals and patients?
- Do patients have a responsibility to also communicate well with optical professionals?
 - Why/why not?
 - When do they have a responsibility to communicate well with optical professionals?
 - What could be the consequences if a patient does not communicate well with an optical professional?
- When optical professionals treat patients, they are supposed to ask for their consent before doing so. How important is asking patients for their consent?
 - Is consent something you normally think about when visiting an opticians?
 - When is it appropriate for consent to be asked?
 - How do you think consent should be asked for and recorded?

Now I would like us to think about the way that decisions are made about how to look after patients. Shared decision-making is a process in which optical professionals and patients may work together to select tests, treatments, or support packages for patients, based on clinical evidence and the patient's informed preferences.

- Have you heard the phrase 'shared decision-making' before?
 - If so, where and in what context?
- When you visit an opticians, how important is informed shared-decision making between you and the optical professional?
 - Is it something people think about when visiting an optical professional?
 - Why is it/is it not?
- Can you think of any experiences where you have experienced shared decision making with any healthcare professionals? What did you think about this experience?
- What level of involvement do you/patients in general want in decisions about eye care services?

Summary and close (5 mins)

- Is there anything else that you would like to add that we have not discussed today?
- Based on everything we have discussed today, what do you think are the most important things that we have discussed?

Moderator to:

- **Thank everyone for their time and input**
- **Mention that patients and the public are welcome to take part in a consultation survey about the CLO specialism on the GOC website**
- **Ensure everyone has completed the online consent form**
- **Explain how incentives will be administered**
- **Thank & close**