

## Invitation to tender (ITT): international comparisons on refraction services with the sight test model in the UK

### Summary

1. We are seeking a primarily desk-based analysis of international comparisons with countries where refraction<sup>1</sup> and eye health checks<sup>2</sup> are not carried out by the same person (as would normally be the case in a sight test carried out in the UK), to inform the GOC's work on possible reform of the Opticians Act 1989 ('the Act') and associated GOC policies. This will involve designing and conducting the research, analysing the findings, and producing a report.
2. The aim of the research is to:
  - learn more about eye health models in countries where the refraction and eye health checks are not carried out by the same person (even where one person takes responsibility for both processes);
  - compare avoidable sight loss<sup>3</sup> rates in those countries with the UK's rates of avoidable sight loss and analyse the reasons for the differences in rates; and
  - obtain an up to date figure (and costs) of avoidable sight loss in the UK.
3. We are tendering at a total cost of approximately **£6,000 including VAT and all other contractor costs**. Proposals over £6,000 will not be considered.
4. **The deadline for tenders is 5pm on 24 October 2022.**

### About the GOC

5. We are the regulator for the optical professions in the UK and our mission is to protect and promote the health and safety of the public. We currently register around 33,000 optometrists, dispensing opticians, student optometrists, student dispensing opticians and optical businesses. For more information, please visit our website: <https://www.optical.org/>

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<sup>1</sup> Refraction as part of the sight test refers to a check of the patient's visual acuity i.e. how well they can see, and whether any corrective measures such as spectacles or contact lenses are required. Different forms of refraction include objective refraction (when the refractive error of an eye is determined without input by the patient), subjective refraction (a clinical examination to determine the combination of lenses that will provide the best corrected visual acuity) and over-refraction (checking the fit of a contact lens). We are concerned with the first two types of refraction only.

<sup>2</sup> Examinations of the eye for the purpose of detecting injury, disease or abnormality in the eye.

<sup>3</sup> <https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics>;  
<https://www.healthdata.org/gbd/2019>

6. We launched our [Strategic Plan 'Fit for the Future 2020-2025'](#) on 1 April 2020. This outlines what we plan to do over the next five years. The three main strategic objectives for the next five years are:
  - delivering world-class regulatory practice;
  - transforming customer service; and
  - building a culture of continuous improvement.
7. As part of this strategy, in March 2022 we launched a [call for evidence](#) on possible reform to the Act and associated GOC policies, including options for which roles can carry out refraction for the purposes of sight testing. Based on an initial analysis of responses, in September 2022 our governing Council agreed to commission research. This research will help us make recommendations to Council on the case for change and the data will underpin any impact assessment exercise.

## Background

8. In the UK, the current model of sight testing<sup>4</sup> includes both a refraction and eye health checks. Testing of sight is restricted by the Act to optometrists and registered medical practitioners, and is normally carried out in a high street setting by an optometrist.
9. Currently, no part of the sight test can be delegated, even under the supervision<sup>5</sup> of an optometrist or registered medical practitioner. However, aspects of sight testing can be undertaken by others for purposes other than the sight test, for example, dispensing opticians undertaking refraction to check accuracy of lenses, or optical assistants completing triage or pre-screening checks (e.g. fundus photography, optical coherence tomography (OCT), visual fields, autorefractometry) prior to the sight test. We issued a [statement in 2013](#) setting out our position on this.
10. We said in our call for evidence: “We have seen the roles of optometrists and dispensing opticians evolve and expand, particularly over the last few years, along with increasing pressures in ophthalmology departments. GOC registrants could help alleviate these pressures if they have the right clinical skills and the legislation does not create unnecessary barriers as to who can deliver care – if dispensing opticians were able to carry out part of the sight test, it could free up the time of optometrists to support a wider range of clinical activities. In addition, technological innovation may also impact on the way the sight test is carried out in future and we should be mindful that the Act does not restrict this either.”
11. During our call for evidence, we asked for views on whether dispensing opticians could undertake refraction for the purposes of the sight test if they

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<sup>4</sup> <https://www.nhs.uk/nhs-services/opticians/visiting-an-optician/>

<sup>5</sup> Supervision means that the supervisor must be on the premises, exercising their professional judgement as a clinician and in a position to intervene in the patient's interests

were appropriately trained, competent, overseen and indemnified. We received mixed responses.

12. Other countries around the world have different models of eye health / sight testing and we are interested to find out more about these, particularly the role that individuals who are not optometrists or registered medical practitioners play in refraction in these countries. NB There may be some countries where an individual uses titles similar to 'optometrist' but where the activities they carry out are more akin to a dispensing optician in the UK.

### **Research aims**

13. We would like to work with the appointed agency in finalising the research questions/topics and helping them to further understand the issues described in the background section.
14. We would like the research to help us:
  - learn more about eye health models in countries where the refraction and eye health checks are not carried out by the same person (even where one person takes responsibility for both processes) – there are many different eye care models around the world, and the analysis will need to be able to outline:
    - how refraction and eye health checks are carried out;
    - the different roles played by those involved;
    - when the different aspects of eye care happen (e.g. at the same time or several days/weeks later);
    - how the refraction and eye health checks are connected (e.g. whether the refraction is always followed by an eye health check or whether they happen independently);
    - any patient safety or clinical and non-clinical risks inherent in the approach;
    - the impact of the model on ophthalmology services;
  - compare avoidable sight loss rates in those countries with the UK's rates of avoidable sight loss and analyse the reasons for the differences in rates; and
  - identify an up to date figure (and costs) of avoidable sight loss in the UK, ideally broken down by each of the four UK nations.
15. We would also like the agency to review and summarise the key points from the articles that we have already been provided with as part of the call for evidence (see 'methodology' section below).

## Methodology

16. We are expecting the research to primarily be desk-based, but are open to other suggestions from the agency.
17. The GOC can assist with providing titles and/or links to relevant articles that have already been shared with us as part of our call for evidence – these include references to different eye care models in France, Germany and Italy. We also understand that dispensing opticians refract for the purposes of the sight test in a province in Canada, and possibly some states in the United States of America, so the agency may wish to look at these countries in particular.

## Outputs

18. The appointed agency will be expected to deliver the following:
  - design methodology based on the research aims;
  - rigorous analysis of findings and drawing conclusions for the GOC;
  - production of a detailed written report (template to be agreed in advance with the GOC) to publishable standards, including annexes and data tables as necessary;
  - preparation and delivery of a presentation of the findings for internal and external use; and
  - delivery of all background and foreground data to the GOC on fulfilment of the contract.

## Budget

19. The budget is approximately £6,000 including VAT and all other contractor costs. Proposals over £6,000 will not be considered.

## Timetable

20. The timetable for this project is outlined below. (We reserve the right to alter this timetable.)

Task	Date
Bid submitted by agency	5pm, 24 October 2022
Selection process by GOC	w/c 31 October 2022
Draft report submitted by agency	19 December 2022
Final report and all other outputs submitted by agency	16 January 2022
Presentation of findings to our Council by agency	March 2023 (TBC)

## **Proposals**

21. Proposals should clearly state how you would meet the requirements set out in this ITT. They should include:
- evidence of an understanding of our requirements;
  - details of the project team, relevant skills and experience (including examples of relevant projects previously conducted) and specific project roles;
  - details of any conflicts of interest that the agency or project team members may have relevant to this work and how these would be managed;
  - details of any information or assistance that will be required from the GOC;
  - details of how this project will be delivered, including the project management procedures and a research timetable for the different stages;
  - an assessment of the key risks and how these will be mitigated;
  - a comprehensive itemised cost for all aspects of the work and total cost; and
  - a breakdown of different elements of the research and costs to help us prioritise which methodologies to focus on.

## **Selection process**

22. Tenders will be assessed with reference to the following criteria:
- extent to which proposals demonstrate understanding of the brief, and meet its stated objectives in terms of research design;
  - the tenderer having appropriate skills, qualifications and a track record in delivering similar projects; and
  - the ability of the tenderer to deliver this project within the specified timescale and at reasonable costs.
23. All work should comply with the Code of Conduct of the Market Research Society.
24. The Council reserves the right to pay only for work it deems to be satisfactorily completed.
25. The Council is not bound to accept the lowest offer or any tender.
26. Following assessment of proposals, we reserve the right to request of selected potential contractors a further tender, proposals or pricing details.

## **GOC contacts**

27. Please send tenders and direct any questions to Marie Bunby (Acting Head of Policy, Standards and Co-Production) by email to [policy@optical.org](mailto:policy@optical.org)

## **Data and Freedom of Information**

28. The Freedom of Information Act 2000 (“FOIA”) applies to the GOC and potential contractors should be aware of our obligations and responsibilities under FOIA to disclose, on written request, recorded information held by the GOC. Information provided by you in connection with this proposal, or with any contract that may be awarded as a result of this exercise, may therefore have to be disclosed in response to such a FOIA request, unless we decide that one of the statutory exemptions under the FOIA applies. If you wish to designate information supplied as part of this response as confidential, or if you believe that its disclosure would be prejudicial to any person’s commercial interests, you must provide clear and specific detail as to the precise information involved. Such designation alone may not prevent disclosure if in our reasonable opinion publication is required by applicable legislation or Government policy or where disclosure is required by the Information Commissioner.

## **Warnings/Disclaimer**

29. Offering an inducement of any kind in relation to obtaining this contract with the GOC will disqualify your proposal from being considered. You must not tell anyone else what your proposal or tender price is or will be, before the deadline for proposals. You must not try to obtain any information about anyone else's proposal or make any arrangements with another organisation about whether or not they should make a proposal, or about their or your tender price. Failure to comply with any of these conditions may disqualify your proposal.
30. Nothing contained in this ITT or any other communication made between the GOC or our representatives and any person shall constitute an agreement, contract or representation (except for the formal written contract between the GOC and our preferred supplier). Receipt by the tenderer of this ITT does not imply the existence of a contract or commitment by or with the GOC for any purpose and tenderers should note that this ITT may not result in the award of any business.
31. It is the responsibility of tenderers to obtain for themselves all information necessary for the preparation of their response to this ITT. The information contained in this ITT and the supporting documents and in any related written or oral communication is believed to be correct at the time of publication. The GOC will not accept any liability for its accuracy, adequacy or completeness and no warranty is given as such. We reserve the right to change any aspect of, or cease, the tender process at any time.
32. By issuing this ITT the GOC is not bound in any way and does not have to accept the lowest or any tender.
33. You will not be entitled to claim from us any costs or expenses which you may incur in preparing your tender whether or not your tender is successful and regardless of whether a contract is awarded.