Outline Impact Assessment Screening Tool

Name of policy or process:	**Education Strategic Review (ESR)**
Purpose of policy or process:	To update our requirements for GOC approved qualifications for specialist entry to the GOC register as a contact lens optician and for specialist entry to the GOC register in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP) categories.
Team/Department:	Education
Date:	June 2021
Screen undertaken by:	Simran Bhogal (ESR Project Manager)
Approved by:	Leonie Milliner (Director of Education)
Date approved:	Outline for consultation

This impact assessment screening tool is in two sections.

Section one considers the impacts of the Education Strategic Review (ESR) as a GOC project using a standard screening GOC-tool. Section two considers the impacts, costs, benefits and risks of our proposals to update our requirements for GOC approved qualifications for specialist entry to the GOC register.

In section two we assess impact of our proposals and whether they are proportionate, targeted and transparent. We also assess the likely effect of our proposals on each category of stakeholder and on the GOC.

Section two also includes an assessment on whether any of our proposals raise any particular equality and diversity issues. Alongside this consultation we are undertaking an Equality Impact Assessment which will be published in December 2021.

This impact assessment screening builds on and should be read in conjunction with our previous impact assessments, including the draft impact assessments we published in November 2019 and in July 2020, associated ESR research and reports published on our website along with our proposals and associated impact assessment approved by GOC Council in February 2021 (the ESR deliverables; Outcomes for Registration; Standards for Approved Qualifications and Quality Assurance and Enhancement Method).

It also draws upon evidence of impact gained through engagement with stakeholders and our Expert Advisory Groups (EAGs) and will be further developed as we receive feedback gained through consultation and from our externally commissioned equality impact assessment (commissioned 2021).

Assessing impact and likely effect on stakeholders is an iterative process. As such this is a live document. We will continue to seek information from stakeholders and to review and update our current assessment in light of the further evidence we gather.

Impact Assessment Screening Section One: ESR Project

A) Impacts	High Risk	Medium Risk		Low Risk	? or N/A
1. Reserves	It is likely that reserves may be required	It is possible that reserves may be required		No impact on the reserves/not used	
2. Budget	No budget has been allocated or agreed, but will be required.	Budget has not been allocated, but is agreed to be transferred shortly	Budget has been allocated, but more may be required (including in future years)	Budget has been allocated and it is unlikely more will be required	
3. Legislation, Guidelines or Regulations	Not sure of the relevant legislation	Aware of all the legislation but not yet included within project/process	Aware of the legislation, it is included in the process/project, but we are not yet compliant	Aware of all the legislation, it is included in the project/process, and we are compliant	
4. Future legislation changes	Legislation is due to be changed within the next 12 months	Legislation is due to be changed within the next 24 months	Legislation may be changed at some point in the near future	There are no plans for legislation to be changed	
5. Reputation & Media	This topic has high media focus at present or in last 12 months	This topic has growing focus in the media in the last 12 months	This topic has little focus in the media in the last 12 months	This topic has very little or no focus in the media in the last 12 months	
6. Resources (people & equipment)	Requires new resource	Likely to complete with current resource, or by sharing resource	Likely to complete with current resource	Able to complete with current resource	
7. Sustainability	Less than 5 people are aware of the process/project, and it is not recorded centrally nor fully	Less than 5 people are aware of the project/process, but it is recorded centrally and fully	More than 5 people are aware of the process/project, but it is not fully recorded and/or centrally	More than 5 people are aware of the process/ project and it is clearly recorded centrally	
	No plans are in place for training, and/or no date set for completion of training	Training material not created, but training plan and owner identified and completion dates set	Training material and plan created, owner identified and completion dates set	Training completed and recorded with HR	
8. Communication (Comms) / Raising Awareness	No comms plan is in place, and no owner or timeline identified	External comms plan is in place (including all relevant stakeholders) but not completed, an owner and completion dates are identified	Internal comms plan is in place (for all relevant levels and departments) but not completed, and owner and completion dates are identified	Both internal and external comms plan is in place and completed, owner and completion dates are identified	
	Not sure if needs to be published in Welsh	Must be published in Welsh, Comms Team aware.		Does not need to be published in Welsh.	

Please put commentary below about your Impacts ratings above:

Budget: The project's five-year financial forecasts and one-year budget include foreseeable costs, including approved use of reserves for development, consultation and associated project research costs, as well as additional approval and quality assurance activity required to support potential providers and existing providers prepare new qualifications or adapt existing qualifications to meet the proposed outcomes and standards for speciality registration.

Legislation, guidelines and regulations: Advice from the GOC's legal team has informed the preparation of these proposals in relation to our duties to approve qualifications under the Act. Where increased scope necessitates an enhanced or changed approach to skill development the high-level nature of the outcomes together with the requirement for providers to maintain the currency of approved qualifications through local responsiveness to stakeholder need will provide assurance. Where changed or increased scope also necessitates a change of GOC policy, rules or legislation, we would undertake a separate policy or legislative change exercise, including full stakeholder consultation before making any change. Nothing in these proposals changes scope as currently defined in legislation or GOC policy in relation to scope.

Future legislation changes: We expect the Department of Health and Social Care (DHSC) to consult on changes to our legislation in 2021 or 2022. We will assess the impact of potential legislative change upon the ESR deliverables when further detail is available.

Reputation and media: The proposals to update our requirements for GOC approved qualifications leading to speciality registration in additional supply, supplementary prescribing and/or independent prescribing or as a contact lens optician continues to attract press and stakeholder attention, which has been amplified due to the negative impact of Covid-19 on higher and further education and ongoing issues with workforce supply / progression in Independent Prescribing. Coverage in the broader media is likely to be very limited due to the positioning of optics in relation to other allied-healthcare professions.

We have taken a consultative and open approach to communicating with our stakeholders about our proposals. Our Expert Advisory Groups (EAGs) include staff and members from professional associations and representative organisations in optics and we continue to meet with stakeholders on a regular basis, including those in each devolved administration.

Resources (people and equipment): Subject to a decision by Council in December 2021, we anticipate completing this element of the ESR workstream (for post-registration qualifications) within agreed timescales and cost tolerances.

B) Information Governance	**High Risk**	**Medium Risk**		**Low Risk**	**? or N/A**
1. What data is involved?	Sensitive personal data	Personal data	Private / closed business	Confidential / open business	

			data	data	
2. Will the data be anonymised?	No	Sometimes, in shared documents	Yes, immediately, and the original retained	Yes, immediately, and the original deleted.	
3. Will someone be identifiable from the data?	Yes	Yes, but their name is already in the public domain(SMT/Council)	Not from this data alone, but possibly when data is merged with other source	No – all anonymised and cannot be merged with other information	
4. Is **all** of the data collected going to be used?	No, maybe in future	Yes, but this is the first time we collect and use it	Yes, but it hasn't previously been used in full before	Yes, already being used in full	X
5. What is the volume of data handled per year?	Large – over 4,000 records	Medium – between 1,000-3,999 records		Less than 1,000 records	
6. Do you have consent from data subjects?	No	Possibly, it is explained on our website (About Us)	Yes, explicitly obtained, not always recorded	Yes, explicitly obtained and recorded/or part of statutory duty/contractual	
7. Do you know how long the data will be held?	No – it is not yet on retention schedule	Yes – it is on retention schedule	Yes – but it is not on the retention schedule	On retention schedule **and** the relevant employees are aware	
8. Where and in what format would the data be held? (delete as appropriate)	Paper; at home/off site; new IT system or provider; Survey Monkey; personal laptop	Paper; Archive room; office storage (locked)	GOC shared drive; personal drive	Other IT system (in use); online portal; CRM; Scanned in & held on H: drive team/dept folder	
9. Is it on the information asset register?	No	Not yet, I've submitted to Information Asset Owner (IAO)	Yes, but it has not been reviewed by IAO	Yes, and has been reviewed by IAO **and** approved by Gov. dept.	
10. Will data be shared or disclosed with third parties?	Yes, but no agreements are in place	Yes, agreement in place	Possibly under Freedom of Information Act	No, all internal use	
11. Will data be handled by anyone outside the EU?	Yes	-	-	No	
12. Will personal or identifiable data be published?	Yes – not yet approved by Compliance	Yes- been agreed with Compliance	No, personal and identifiable data will be redacted	None - no personal or identifiable data will be published	

Please put commentary below about reasons for Information Governance ratings:
What data is involved/will the date be anonymised? During consultations personal data will be stored on our consultation platform (identifiable details like email address, place of work and a range of protected characteristics). We will only publish responses where individuals have consented to having their response published. **Will someone be identifiable from the data?** Yes, respondents to consultations will be identifiable as their information will be linked to their own named record in Citizen Space. However, if we take statistics from Citizen Space for evaluation and monitoring purposes and publish these or disseminate them more widely than within the GOC, respondents will not be identifiable and information will be redacted. **What is the volume of data handled per year?** The volume of data held on our consultation platform will not exceed 1,000 records.

C) Human Rights, Equality and Inclusion	High Risk	Medium Risk	Medium Risk	Low Risk	? or N/A
Main audience/policy user	Public			Registrants, employees, or members	
Participation in a process (right to be treated fairly, right for freedom of expression)	Yes, the policy, process or activity restricts an individual's inclusion, interaction or participation in a process.			No, the policy, process or activity does not restrict an individual's inclusion, interaction or participation in a process.	
The policy, process or activity includes decision-making which gives outcomes for individuals (right to a fair trial, right to be treated fairly)	Yes, the decision is made by one person, who may or may not review all cases	Yes, the decision is made by one person, who reviews all cases	Yes, the decision is made by an panel which is randomly selected; which may or may not review all cases.	Yes, the decision is made by a representative panel (specifically selected). No, no decisions are required.	
	There is limited decision criteria; decisions are made on personal view	There is some set decision criteria; decisions are made on 'case-by-case' consideration.	There is clear decision criteria, but no form to record the decision.	There is clear decision criteria and a form to record the decision.	
	There is no internal review or independent appeal process	There is a way to appeal independently, but there is no internal review process.	There is an internal review process, but there is no way to appeal independently	There is a clear process to appeal or submit a grievance to have the outcome internally reviewed and independently reviewed	
	The decision-makers have not received EDI & unconscious bias training, and there are no plans for this in the next 3 months.	The decision-makers are due to receive EDI & unconscious bias training in the next 3 months, which is booked.	The decision-makers are not involved before receiving EDI & unconscious bias training.	The decision-makers have received EDI & unconscious bias training within the last 12 months, which is recorded.	
Training for all involved	Less than 50% of those involved have received EDI training in the last 12 months; and there is no further training planned	Over 50% of those involved have received EDI training, and the training are booked in for all others involved in the next 3 months.		Over 80% of those involved have received EDI training in the last 12 months, which is recorded.	

Alternative forms – electronic / written available?	No alternative formats available – just one option	Yes, primarily internet/computer-based but paper versions can be used		Alternative formats available and users can discuss and complete with the team.	
Venue where activity takes place	Building accessibility not considered	Building accessibility sometimes considered		Building accessibility always considered	
	Non-accessible building;	Partially accessible buildings;	Accessible buildings, although not all sites have been surveyed	All accessible buildings and sites have been surveyed	X
Attendance	Short notice of dates/places to attend	Medium notice (5-14 days)of dates/places to attend		Planned well in advance	
	Change in arrangements is very often	Change in arrangements is quite often		Change in arrangements is rare	
	Only can attend in person	Mostly required to attend in person		Able to attend remotely	
	Unequal attendance / involvement of attendees	Unequal attendance/ involvement of attendees, but this is monitored and managed.		Attendance/involvement is equal, and monitored per attendee.	
	No religious holidays considered; only Christian holidays considered	Main UK religious holidays considered	Main UK religious holidays considered.	Religious holidays considered, and ability to be flexible (on dates, or flexible expectations if no alternative dates).	
Associated costs	Potential expenses are not included in our expenses policy	Certain people, evidencing their need, can claim for potential expenses, case by case decisions		Most users can claim for potential expenses, and this is included in our expenses policy; freepost available.	
Fair for individual's needs	Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors.	Most employees know who to contact with queries about reasonable adjustments		Contact listed for reasonable adjustment discussion	
Consultation and Inclusion	No consultation; consultation with internal employees only	Consultation with employees and members	Consultation with employees, members, and wider groups	Consultation with policy users, employees, members and wider groups.	

Outline Impact Assessment Screening Section Two: ESR Deliverables (for post-registration speciality qualifications)

Step 1: Scoping the IA

Name of the policy/function:	**Education Strategic Review**
Assessor:	Simran Bhogal (ESR Project Manager)
Date IA started:	2016
Date IA completed:	May 2021
Date of next IA review:	November 2021
Purpose of IA:	To assess the key impacts of our proposals to update our requirements for GOC approved qualifications for specialist entry to the GOC register as a contact lens optician and for specialist entry to the GOC register in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP) categories.
Approver:	Leonie Milliner, Director of Education
Date approved:	June 2021

Q1. Screening Assessment

- Has a screening assessment been used to identify the potential relevant risks and impacts? Tick all that have been completed:
  - ☐ Impacts
  - ☐ Information Governance (Privacy)
  - ☐ Human Rights, Equality & Inclusion
  - ☐ None have been completed

Q2. About the policy, process or project

- What are the main aims, purpose and outcomes of the policy or project?
- You should be clear about the policy proposal: what do you hope to achieve by it? Who will benefit from it?

Aim: To assess the key impacts of our proposals to update our requirements for GOC approved qualifications for specialist entry to the GOC register as a contact lens optician.
Purpose and Outcome: Following the launch of the Education Strategic Review in March 2016, in July 2019 Council gave steers on the ESR proposals. This included the introduction of an integrated form of optical education, combining academic study with professional and clinical experience for specialist entry to the GOC register in Additional Supply, Supplementary Prescribing and/or Independent Prescribing categories and Contact Lens Optician. Two Expert Advisory Groups (EAGs) for therapeutic/Independent Prescribing and Contact Lens Opticians were tasked with advising on the development and drafting of the new, proposed, Outcomes for Registration, Standards for Approved Qualifications for specialist entry to the GOC register in Contact Lens Optician, Additional Supply, Supplementary Prescribing and/or Independent Prescribing categories, and an

updated quality assurance process to be held in common for both Contact Lens Optician and Independent Prescribing approved qualifications. The three proposed documents will replace 'Visit Handbook Guidelines for the approval of 'Training Institutions' and 'Providers for Schemes for Registration for United Kingdom Contact Lens Opticians' (published November 2007), as well as the 'Contact Lens Speciality Core Competencies' published in 2011. This includes the list of required core competences, the numerical requirements for trainees' practical experiences, education policies and guidance contained within the handbooks, and policies on supervision and recognition of prior learning, which are published separately. Together, these documents mitigate the key risk that our current requirements become out of date. They have been drafted to ensure the post-registration qualifications we approve are responsive to a rapidly changing landscape in the commissioning of eye-care services in each of the devolved nations and so that the skills and abilities of our registrants remain up to date.
Who will benefit: Patients and the public; registrants; employers: other healthcare professionals, local/national workforce training/commissioning bodies and the NHS; GOC staff, EVPs and committees: providers of GOC approved and provisionally approved qualifications and their trainees.

Q3. Activities or areas of risk or impact of the policy or process

- Which aspects/activities of the policy are particularly relevant to impact or risk? At this stage you do not have to list possible impacts, just identify the areas.

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 either be an academic award or a regulated qualification at a minimum of Regulated Qualification Framework (RQF) (or equivalent) level 6.
c. There will not be a proposed minimum/maximum or recommended time or credit volume for an approved qualification, 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.

Q4. Gathering the evidence

- List below available data and research that will be used to determine impact of the policy, project or process.
- Consider each part of the process or policy and identify where risks or implications might be found for: 1) Impacts; 2) Information Governance and Privacy implications; and 3) Human Rights, Equality and Inclusion.

Available evidence – used to scope and identify impact
Research and consultation: • Call for evidence (report June 2017) • Research to learn from other professions/overseas (Nov 2017) • System leaders' roundtable (Nov 2017) • Consultation on concepts/principles report (April 2018) • Research with newly qualified/employers (June 2018) • Development of standards/learning outcomes with Committees, Expert Advisory Group other external stakeholder groups (Summer 2018) • Education Provider Forum (October 2018) • Consultation on draft Education Standards and Learning Outcomes (November 2018-Feburary 2019) • Education Visitor Panel and Advisory Panel feedback (Jan-Dec 2020) • Expert review and input from the Quality Assurance Agency (QAA) (April-June 2020 and Oct-Nov 2020) • Roundtable on funding (March 2020) • Consultation on draft Outcomes for Registration, Standards for Approved Qualifications and Quality Assurance and Enhancement Method (August 2020 – October 2020) • QAA RQF Levels Research Report (November 2020) • Expert Advisory Groups developmental activity and feedback (September 2019 – May 2021). • Informal stakeholder engagement and consultation • Commissioned literature review undertaken by University of Surrey for IP/AS/SP (June 2021)

Q5. Evidence gaps

- Do you require further information to gauge the probability and/or extent of impact?
- Make sure you consider:
    1) Impacts;
    2) Information Governance and Privacy implications; and
    3) Human Rights, Equality and Inclusion implications.

If yes, note them here:

We have undertaken extensive activity to gauge the extent of impact of the ESR. We continue to work with stakeholders to gather evidence of probability or extent of impact, and will review and update this impact assessment in light of new information.

Q6. Involvement and Consultation

Consultation has taken place, who with, when and how: A patient and public consultation will be held for 12 weeks from 12 July 2021 - 4 October 2021 and will include an online survey hosted via our Citizen Space platform (with quantitative and qualitative questions), online focus groups with optical patients and interviews with a range of stakeholders conducted and analysed by our independent research partner.
Summary of the feedback from consultation: Consultation responses will be independently analysed by our research partner, Enventure Research, and a consultation report will be prepared by Enventure Research and published on our website.
Link to any written record of the consultation to be published alongside this assessment: Our response to Enventure Research's report and individual and stakeholder responses to the proposals contained in our consultation will be analysed and published on our website.

Step 2: Assess impact and opportunity to promote best practice

- Using the evidence you have gathered what, if any, impacts can be identified? Please document your findings and the strand(s) affected.
- What can be done to remove or reduce any impact identified?
- Consider each part of the process or policy and identify where risks might be found for equality, human rights and information governance and privacy.
- Ensure any gaps found in Q5 are recorded as actions and considerations below.

Impact assessment methodology

The following categories or groups of stakeholders will potentially be impacted by our proposals:

- GOC
- Patients and members of the public
- Providers and potential providers of GOC approved speciality qualifications
- Supervisors / DPPs / DMPs
- Trainees studying GOC approved speciality qualifications
- Representative organisations, professional bodies, employers and other stakeholders.

The impact assessment in step 2:

- Identifies the proposals that address the need for change;
- Includes a qualitative discussion of the costs, benefits and risks associated with each key proposal; and
- Makes an initial estimate of the costs and benefits and summarises mitigating actions or counter measures to the extent that it is possible or proportionate to do so.

Assessment of costs, benefits, opportunities and risks

Our assessment of costs, benefits and risks of our key proposals will inform rather than determine our decision. There are two reasons for this. First, fulfilling our statutory duties involves taking account of issues that fall outside of a narrow consideration of costs and benefits. Second, it will only be possible to precisely quantify all the costs and benefits once providers of approved qualifications begin to adapt their existing qualifications to meet the new outcomes and standards and providers of qualifications applying for approval begin their application process. The magnitude and nature of costs will vary according to the qualification design decisions made by each provider. We have described the costs and benefits qualitatively and described who bears the costs (in broad terms). Where we have included an assessment of cost, we have provided information about our key assumptions and the evidence used to inform our assessment of best estimate and likely range. As stated above, we continue to seek evidence of anticipated costs and to receive information that would enable us to quantify these costs. Benefits are harder to quantify as they tend to be more uncertain and are often spread across many stakeholders.

Evidence and options

The 2017 concepts and principles report, subsequent roundtable and 2018-19 consultation considered the evidence base for change and sought feedback on options. This evidence base and options were described in various reports published on our website and informed the 2019 steer for an integrated approach to qualification approval, with candidates acquiring a single GOC-approved qualification (rather than two as at present) leading specialist entry to the GOC register in Additional Supply, Supplementary Prescribing and/or Independent Prescribing categories, supported by an outcome-orientated approach to specifying the required knowledge, skills and behaviour required for specialist annotation. This approach to post-registration qualification approval was considered the most appropriate, given the urgent need to ensure the GOC's standards and requirements continued to equip future professionals to meet service needs and patient demand as they evolve and, wherever they practise in the UK, continue to protect the public.

Final Options

Because of the iterative approach taken to development of the proposals, including taking steers at key points, the two options available at this stage are:
Option 1. Continue with the current (2008) 'Handbook for Optometry Specialist Registration in Therapeutic Prescribing,' and the (2011) 'Competency Framework for Independent Prescribing,' the (2007) and related education policies and guidance.
Option 2. Require all GOC approved qualifications leading to specialist entry to meet the proposed outcomes and standards to the timescale outlined in the Quality Assurance & Enhancement Method (QA&E).

Costs and benefits of option 1

The benefits of option 1 are defined as zero; the additional costs as low / medium. This is the counterfactual against which option 2 is appraised. The analysis of cost, benefit and risks of option 1 is outlined below.

Costs and benefits of option 2

The analysis of costs, benefits and risks of option 2 is outlined below.

Summary

	Additional cost: ongoing	Additional cost: one off	Benefit	Wider impact	Proport-ionate	Targeted	Transparent
Option 1	Low-Medium	None	None	Weaknesses, risks and opportunities of current system not addressed	No	No	In part
Option 2	Low-Medium	Medium	Higher standards of post-registration education	Proposed requirements reflect contemporary optical practice and patient/ workforce needs	Yes	Yes	Yes

Option 1 (counterfactual)

Under this option we continue with the current quality assurance handbooks for approved qualifications leading to specialist entry in the GOC register including our current list of core competencies, supervision and numerical requirements for trainees' practical experiences.

Costs There are potential additional costs of retaining the current quality assurance handbooks from addressing failure due to the inadequacy of our requirements (provider failure and fitness to practice cases).

Benefits There are no additional benefits of retaining the current quality assurance handbooks. However, any uncertainty, risks or cost related to updating our requirements for qualification approval are avoided.

Wider impacts As discussed in previous impact assessments, associated ESR research and reports published on our website, there are a number of weakness in our current system:

- Continuing public, registrant and student confidence in our ability to set and maintain high standards for entry to specialty registration categories (as an Additional Supply, Supplementary Prescriber and/or Independent Prescriber) given how long ago they were written;
- Prescriptive list of competences limits innovation and responsiveness to changing patient and service-user needs, and extended roles; given need to consult;
- For trainees in Independent Prescribing, numerical requirements and 2-year time bar for clinical supervision by a consultant ophthalmologist within the hospital eye service restrict placement opportunities and limits workforce development/ progression;
- For trainees and their employers, limited choice (in price and quality) of GOC approved 'stage two' final qualifying qualifications leading to speciality registration; and for trainees in Independent Prescribing, lack of availability of placements limits progression.
- The current system does not promote achievement of earlier, better quality direct patient contact, inter-professional education and more varied clinical experience, which would better prepare trainees for advanced or specialised roles; and
- Limited engagement of stakeholders, including patients, service-users and commissioners in the design and delivery of GOC approved qualifications for entry to specialty registration categories.

Risks The risks of option 1 are as follows:

a. We fail in our overarching statutory responsibility to promote and maintain high standards of professional education and public confidence in the professions because our requirements for qualification approval for entry to specialty registration categories are out of date and unfit for purpose.
b. Risk of challenge to GOC qualification approval decisions from trainees, providers, potential providers and sector bodies if grounds for approval depart from current (but out of date) quality assurance handbook and related requirements.
c. Risk we would not be able to take action if a qualification we approve meets our requirements but nevertheless fails to prepare trainees to meet employer, patient and service-user needs, putting future patients at risk of inadequate care.

d. Risk our requirements and processes do not reflect modern methods for statutory regulators in setting education and training benchmarks for qualification approval and do not reflect contemporary optical practice or meet patient or service-user needs, thereby bringing the profession and its education into disrepute.

Summary Our current requirements for qualification approval for entry to specialty registration categories do not address the risks, potential for enhanced roles for optical professionals within service redesign or the challenges of meeting an increased demand for eye healthcare given our aging population. Requiring trainees to acquire two GOC approved qualifications either sequentially or simultaneously for entry to the specialty registration categories is unnecessarily burdensome and provides few benefits. An outcomes-orientated approach to specifying the future knowledge, skills and behaviours of an additional supply, supplementary prescribers and/or independent prescriber at the point of specialty registration is required, better aligned with regulatory systems for qualification approval deployed by other healthcare regulators and in line with GOC's new requirements for pre-registration qualifications.

Costs	Potential high additional costs addressing failures because of the inadequacy of our requirements (provider failure and fitness to practice cases)
Benefits	No additional benefits
Wider impacts	Weaknesses of current system not addressed by retaining current requirements for qualification approval for entry to specialty registration categories
Proportionate	Current requirements do not reflect contemporary optical practice or meet patient or service-user needs, address the risk of the GOC not meeting its statutory objectives or its strategic aim of being a world class regulator
Targeted	No- current requirements are not targeted satisfactorily on areas of greatest risk
Transparent	In part. A list of GOC approved qualifications is published on our website. Current requirements are complex, frequently poorly expressed and open to interpretation, and at risk of being out of date.

Option 2 (Our proposals)

Under this option we would require all GOC approved qualifications for entry to specialty registration categories (Additional Supply, Supplementary Prescriber and/or Independent Prescribing) to meet the proposed outcomes and standards to the timescale outlined in the QA&E method.

Costs There will be additional costs to GOC of this option of:

- An on-going cost of increased approval and quality assurance support (1 new FT permanent A&QA post and 1 x FT QA project, policy & research manager – in budget);
- A one-off cost for drafting and seeking feedback on frameworks and SOPs to support implementation (from reserves – already agreed); and
- An on-going cost of thematic and sample-based reviews (which may be externally contracted – in budget).

There may be additional costs to providers/potential providers of approved qualifications for:

- A one-off cost in designing and preparing new qualifications for GOC approval; *or*
- A one-off cost in adapting existing GOC approved qualifications to meet the proposed outcomes and standards to the timescale outlined in the QA&E Method;
- An on-going cost in integrating learning and experience in practice within the approved qualification, stakeholder engagement and enhanced teaching and assessment quality control to meet the new requirements; and
- For one provider (the College of Optometrists) a one-off and ongoing cost of Ofqual registration (if desired).

There may be additional costs to trainees:

- For current Independent Prescribing trainees whose progression has stalled, and who wish to transfer (potentially with advance standing/RPL) into the new, integrated approved AS, SP & IP qualifications, an additional fee may be payable to the provider (the amount will vary according to type and location of approved qualification and any local workforce support / funding that may be available);
- For some trainees, there may be additional costs and expenses for periods of learning and experience in practice;
- For trainees who wish to gain a GOC approved qualification for entry to a specialty registration category (as a Contact Lens Optician or Additional Supply, Supplementary Prescribers and/or Independent Prescriber) at the same time, or shortly after gaining an approved qualification in dispensing optics or optometry, there may be additional fees, and costs and expenses for periods of learning and experience in practice (the amount will vary according to type and location of approved qualification and any local workforce support / funding that may be available).

There may be additional costs to local/national workforce training/commissioning bodies:

- There may be increased fees payable to the provider by those commissioning / purchasing training (the amount will vary according to type and location of approved qualification and any local workforce support/ funding that may be available).

There may be additional costs to patient and public representative organisations, employers and other stakeholders:

- A one-off cost in working with providers in qualification design;
- An on-going cost in working with providers in qualification delivery and assessment, review and feedback; and
- An on-going cost to employers in offering short periods of learning and experience in practice (for which trainees may or may not be remunerated) and associated supervision.

Benefits The potential benefits to the GOC are:

- Patients and public would benefit from this option. Updated standards for for entry to specialty registration categories (as an Additional Supply, Supplementary Prescriber and/or Independent Prescriber) leading to improved patient safety;
- Patient, public, registrant and trainee confidence in our ability to maintain and monitor high standards for qualification approval for specialty registration will increase;
- Qualifications we approve will be more responsive to local, regional and national patient, service-user and broader stakeholder requirements and therefore more current, and better aligned with GOC's new requirements for pre-registration qualifications;
- This option, with its refreshed quality assurance and approval process, will give greater assurance that our requirements are being met and risks managed appropriately; and
- This option, with its outcomes-orientated approach, focuses more on the development of professional capability, critical thinking, research-informed clinical reasoning and decision-making vital to responding effectively to changing patient and service user needs, evidence-based practice and new models of delivery.

The potential benefits to providers/potential providers of approved qualifications are:

- Additional opportunities for current providers of pre-registration approved qualifications to offer to trainees at the same time a GOC approved qualification leading to entry to specialty registration;
- Greater flexibility in compliance and responsiveness in qualification design and delivery;
- All providers will be placed under the same obligations to maintain standards, which will safeguard standards and ensure a level playing-field in the sector;
- Simplification of our requirements for qualification approval with a more transparent and proportionate framework for quality assurance and approval focused on risk reduction;
- Some providers may, depending on qualification design, benefit from additional funding council or local/national workforce training/commissioning bodies support of level 7 qualification; and
- Providers (awarding organisations) offering an Ofqual-regulated level 7 qualification may choose a candidate registration fee and/or centre approval business model.

The potential benefits to trainees:

- Greater choice of approved qualifications leading to entry to the register with earlier and better-quality learning and experience in practice and inter-professional learning;
- This option requires providers to give students' accurate information about qualification at application, including the provider's intended curriculum and assessment approach, RQF level and the total costs / fees that will be incurred; and

- This option, for most students and their employers, removes the necessity for up-front payment of examination or assessment fees for a stage 2, 'registerable' qualification (and associated membership fees) and instead gives the potential, depending on provider's qualification design, for fees/maintenance to be supported by student loans.

The potential benefits to local/national workforce training/commissioning bodies of:

- Better alignment of commissioning (funding) post-registration speciality qualifications, particularly independent prescribing qualifications, with approved qualifications leading to entry to the register;
- Greater responsiveness to devolved administration workforce development needs, with potentially a better-skilled workforce, particularly in therapeutic prescribing qualifications.

The potential benefits to patient and public representative organisations, employers and other stakeholders;

- Patients, public and employers would benefit from this option as a result of updated requirements for specialty registration leading to improved patient safety;
- Patient, public, registrant and trainee confidence in our ability to maintain and monitor high standards for post-registration qualification approval will increase;
- Qualifications we approve will enable stakeholders to inform and be involved in post-registration qualification design, delivery, assessment, quality control and review;
- Qualifications we approve will be more responsive to local, regional and national patient and service-user needs and stakeholder requirements and so entrants to specialty registration categories (as an Additional Supply, Supplementary Prescriber and/or Independent Prescriber) will be better-prepared to work in enhanced roles in dynamic, multi-professional settings and engage in up-to-date, effective and research informed practice for the benefit of patients;
- This option, for eligible employers, removes the necessity for employers to support trainees' course, examination or assessment fees for two approved qualifications (gained either sequentially or simultaneously) required for entry to a specialty registration category; and
- Employers and trainees will have a greater choice of qualifications for entry to specialty registration categories (as an Additional Supply, Supplementary Prescriber and/or Independent Prescriber).

<u>Wider impacts</u> As discussed in previous impact assessments, associated ESR research and reports published on our website, there are a number of impacts, positive and negative:

- We are conscious of the potential negative impact on a professional association (the College of Optometrists) offering market-leading GOC approved 'registrable' post-registration qualifications due to increased market competition, and are continuing dialogue with the College;
- This option specifies a minimum RQF level for qualifications we approve with potential impact on trainees recruitment, selection and widening participation;
- Provider vulnerability due to covid-19 with potential negative impact on local / regional workforce supply (and potential to meet future patient and service-user needs).

<u>Balanced by</u>:

- Entrants to specialty registration categories better prepared to meet patient needs, especially in the softer skills, clinical reasoning and decision-making, underpinned by consistently applied academic standards at relevant RQF level;
- Qualifications better aligned with other healthcare disciplines and funding mechanisms, leading to closer collaboration in assessment, inter-professional learning and multi-disciplinary working, potentially a positive impact on cost through shared resource, economies of scale and increased resilience in the sector;
- In this option, replacing the prescriptive list of competences and patient episodes with an outcomes-based approach to specifying the knowledge, skills and behaviours expected will build registrants' skill and capability for new and evolving roles to meet workforce development needs;
- In this option, flexibility in qualification design enables greater responsiveness by providers to trainees with different preferences and from diverse backgrounds;
- A potential positive impact in the enhanced influence and attractiveness of professional associations as awarding organisations offering GOC approved qualifications.

Risks The risks of option 2 are as follows:

a. We fail in our overarching statutory responsibility to promote and maintain high standards of professional education and public confidence in the professions because our requirements for qualification approval become out of date and are unfit for purpose. *Mitigation*: planned and budgeted longitudinal research will provide the data we need to measure and review the effectiveness of our outcomes and standards on registrants' competence, confidence and capability, providing the evidence for potential adjustment at regular intervals (subject to consultation);
b. Risk that current providers and potential providers do not adequately prepare qualifications to meet the outcomes and standards necessary for GOC approval; qualifications fail to recruit; fail to thrive, or providers decide to withdraw their qualifications. *Mitigation:* for existing providers, we will work with each provider individually to support transition at a pace that works for them; for new providers the risk-based staged approach to qualification approval decision now includes interrogation of providers' business and delivery plans to ensure qualifications only progress if we are confident they will thrive and risks are managed;
c. Risk of challenge to GOC qualification approval decisions from trainees, providers, potential providers and sector bodies if grounds for approval depart from proposed outcomes and standards. *Mitigation*: the proposed outcomes and standards are now far clearer, proportionate to the risks posed and less open to interpretation than current requirements, reducing the risk an approval decision does not logically follow from evidence of compliance.
d. Risk that employers fail to engage with providers in qualification design and delivery. *Mitigation:* Ongoing engagement with employers' representative bodies and national commissioners supplemented by our requirement in the standards that providers similarly engage with employers, local / national workforce training/ commissioning bodies and NHS commissioners;
e. Risk that proposals create a regulatory bar, preventing providers, trainees or optical practices access to existing funding streams. *Mitigation:* Ongoing engagement with devolved administrations and local/national workforce training/ commissioning

bodies and NHS commissioners to identify and resolve regulatory bars preventing access to existing (or new) funding streams.

Summary This option would enable us to address the risks, problems and potential opportunities with our current requirements for post-registration speciality qualifications. It will provide us with contemporary and up-to-date requirements for post-registration qualification approval that in turn will mean providers will better prepare entrants to specialist post-registration categories for enhanced or extended roles within service redesign, meeting the challenges of increased demand for eye-health care given our aging population. Requiring trainees to only acquire a single GOC approved qualification for entry to specialty registration simplifies our regulatory framework and introduces greater trainee and employer choice. An outcomes-orientated approach to specifying the future knowledge, skills and behaviours of a future Additional Supply, Supplementary Prescriber and/or Independent Prescriber at the point of registration better aligns with other healthcare regulatory systems for qualification approval and post-registration specialty annotation.

Costs	Medium additional one-off costs for providers Potentially low to medium additional on-going costs for providers Potentially further course fees for current trainees whose progression is stalled to transfer to new, integrated qualifications (depending on recognition of prior learning & qualification design) Potentially lower course fees for new trainees
Benefits	Updated standards of post-registration specialist education Greater assurance providers meet required standards Better preparedness of future registrants for enhanced/ extended roles Improved progression for trainees (in particular, for independent prescribing, with move from DMP to DPP and greater flexibility for clinical experience)
Wider impacts	Weaknesses of current system addressed by proposed updated requirements for post-registration qualification approval
Proportionate	Proposed requirements reflect contemporary optical practice and future patient/ workforce needs, addresses the risk that GOC may not meet its statutory objectives or its strategic aim of being a world class regulator.
Targeted	Proposed requirements target areas of greatest risk
Transparent	A list of GOC approved qualifications will be published on our website. Proposed requirements are straightforward, simple to understand, not at risk of wide interpretation and are up to date.

Step 3: Monitoring and review

Q6. What monitoring mechanisms do you have in place to assess the actual impact of your policy?

Longitudinal Research

We believe that it is extremely important to measure the impact of our proposed changes on the competence, confidence and capacity of future registrants. We intend to commission a longitudinal research project to provide the empirical data required to measure the effectiveness of the new qualifications we approve and adjust our outcomes

and standards as required (subject to consultation).

Impact Measurement

We will also measure the impact of our proposed changes through:

- Implementation timescales and data;
- Repeat consultations and surveys: newly qualified and employers; providers; representative and membership bodies;
- Risk reviews as part of our annual monitoring process.

CPD impact

The Director of Education also leads our work to review our CET system. From January 2022 we will be introducing our new requirements for Continuing Professional Development (CPD). The ESR Project Team continues to work closely with CPD Project Board to share pertinent information about skill gaps in the transition from optical students to fully-qualified registrants and onto specialty registration, which could impact the 'additional requirements' domain for registrants (or sub-set of registrants) in any given cycle.

International Registration impact

We continue to work closely with Registration team on impacts of ESR and Brexit on international registrants.

Financial Impact

Our outline impact assessment published as part of our ESR consultation gave some consideration of financial impacts of our proposals, in particular the financial impact for future providers of GOC approved qualifications (a mix of Further (FE) and Higher Education (HE) providers and private membership-based organisations) across the UK; on students and placement providers / employers, drawing upon the outcome of our funding roundtable held on 13 March 2020 and its subsequent report 'Further and Higher Education Funding of Optometrists and Dispensing Opticians' published on our website. As stated above, we continue to seek evidence of anticipated costs and to receive information that would enable us to quantify them more precisely.

Equality Impact Assessment

We have commissioned Fraser Consulting to undertake an equality, diversity and inclusion (EDI) assessment of the impact of our proposals with reference to each of the protected characteristics as defined by the Equality Act (2010) across each of the four nations. Clare Fraser is an experienced equality and diversity consultant with a range of clients across the public and private sectors, and her report is published on our website. This EDI assessment will focus on EDI impacts (positive and negative) on trainees and providers of GOC approved qualifications using qualitative and quantitative data analysis and will be undertake alongside the public consultation.

Please provide a review date to complete an update on this assessment (three months from initial completion).

Date: November 2021 and quarterly thereafter.