

Invitation to tender (ITT): testing of sight risk-based framework

Summary

1. 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 have been reviewing the Opticians Act 1989 ('the Act') and associated GOC policies through a call for evidence in 2022 to consider whether any changes are required to further protect the public. This includes a review of any provisions relating to testing of sight.
2. Sight testing models vary across the UK. Technology is evolving and models are developing where parts of the sight test are carried out remotely from the patient and sometimes different elements are carried out by different people in different places and/or at different times.
3. We are seeking clinical and regulatory expert advice to:
 - develop a risk-based framework to understand the risks of the different elements of a sight test not being carried out at the same time, by the same person and/or in the same place; and
 - identify possible viable methodologies considering factors like cost, time and sampling considerations that would test the risk-based framework in a real-world situation with patients.
4. We are tendering at a total cost of approximately **£15,000-25,000 including VAT and all other contractor costs.**
5. **The deadline for tenders is 10am on 2 November 2023.**

About the GOC

6. 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/>
7. 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.
8. As part of this strategy, in March 2022 we launched a [call for evidence](#) on possible reform to the Act and associated GOC policies. We commissioned further research and published our [response](#) to the call for evidence in April 2023. In June 2023, Council approved our plan and timescales to take forward the commitments made following the call for evidence, including revising our 2013 statement on the testing of sight.

Background

9. A sight test involves many different and sometimes interrelated elements, including checks for refraction¹, binocular vision² and eye health³.
10. Models of sight testing vary across the UK – there is no 'standard' model of sight test and requirements vary depending on NHS contractual requirements by nation. They may be called sight tests, eye tests or eye examinations. Testing of sight is restricted by the Act to optometrists, persons training as optometrists, registered medical practitioners and medical students, and is normally carried out in a high street setting by an optometrist. However, technology is evolving and models are developing where parts of the sight test are carried out remotely from the patient and sometimes different elements are carried out by different people in different places and/or at different times.

¹ 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.

² Vision using two eyes with overlapping fields of view, allowing good perception of depth.

³ Examinations of the eye for the purpose of detecting injury, disease or abnormality in the eye (see article 3 of The Sight Testing (Examination and Prescription) (No. 2) Regulations 1989 for further information).

11. Currently no part of the sight test can be delegated, even under the supervision⁴ 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 delegation of the sight test.
12. We carried out a call for evidence on the Act in 2022. Following this, we commissioned research into clinical advice on refraction, which included an analysis of how the sight test⁵ is delivered by commercial providers of optical services across the four nations of the UK and the possible impacts where the refraction, binocular vision and eye health checks are not carried out by the same person, or at the same time or in the same place. The research by Evans et al. (2023) is published on our website [here](#). It reached the following conclusions:
 - “Concerning core component eye health checks (excluding scans and photographs), the consensus is that these should be carried out by the person delivering the sight test.”
 - “...if refraction is undertaken by a dispensing optician and ophthalmoscopy by an optometrist, who would be responsible for missing early keratoconus? There may have been subtle clues present during refraction, and further clues during ophthalmoscopy. If one person had conducted both sight test components, it is reasonable to expect them to combine these subtle clues so that the threshold for referral was reached. If the sight test components were carried out by different eye care practitioners, for each eye care practitioner the threshold for detecting keratoconus may not have been reached and this further complicates the question of which eye care practitioner would be responsible for an error.”
 - “Participants considered that risks would be increased if sight test components were carried out at a different time or in a different place. The authors conclude that such changes should not be considered without research to evaluate real-world safety (e.g., a pilot study of a population that is both representative of the general population and of adequate size).”
13. The research also developed risk matrices in relation to separating elements of the sight test.
14. In our April 2023 [response to our call for evidence](#) we said: “Our interpretation is that the Act does not specifically prohibit separation of the elements of the sight test by time, place or person. Business models are evolving alongside

⁴ 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.

⁵ As defined in section 26 of the Opticians Act 1989 and article 3 of The Sight Testing (Examination and Prescription) (No. 2) Regulations 1989.

developments in technology. While relevant to refraction, this issue relates more generally to how the sight test is conducted, rather than which type of optical professional should perform different elements of the sight test. The call for evidence identified a range of views about this and we plan to consider developments in more detail. Depending on the outcome of this work, we may clarify our position in a statement or seek a change in the law.”

15. While much of the work described above related to whether dispensing opticians or orthoptists should be able to refract for the purposes of sight testing, it is not within the scope of this invitation to tender to cover refraction by dispensing opticians or orthoptists.

Research aims

16. We would like the research to cover two main areas:
 - development of a risk-based framework to understand the risks of the different elements of a sight test not being carried out at the same time, by the same person and/or in the same place – we would expect the risk-based framework to include an analysis of:
 - the different components of a ‘safe’ sight test as a basis for assessing potential impacts of separation of the test by time, person or place;
 - the possible impacts on patient care and detection of possible eye conditions (e.g. potentially acute symptoms (such as suspected retinal and vitreous detachment), amblyopia, iritis, keratoconus, suspected wet age-related macular degeneration, acute and chronic glaucoma, cataract and diabetic retinopathy) and other health issues (such as high blood pressure, heart disease, diabetes or suspected brain tumour);
 - the possible impacts on clinical decision-making and optimum referral practice – focusing on reducing false positives and false negatives when making hospital referrals;
 - where the responsibility for the different components would lie if separated by person;
 - the interplay between the different risks identified and how any risks might be mitigated;
 - whether the risks differ by patient sub-population group (e.g. gender, age, ethnicity, socioeconomic status, geographical location) and mode of practice of the practitioner (e.g. full-time or part-time, employed or self-employed locum); and
 - identify possible viable methodologies considering factors like cost, time and sampling considerations that would test the risk-based framework in a real-world situation with patients, applicable to the four UK nations.

17. We are seeking a framework that can be tested in the future. We would not expect the contractors to assess whether any specific sight testing model is unsafe based on the framework.
18. We will work with the appointed contractors to help them further understand the issues described in the background section and what we would like the research to cover. We expect the contractors to familiarise themselves with the risk matrices in the Evans et al. (2023) report and with our previous 2019 research, *Risk in the optical professions*⁶ for any relevant information.

Methodology

19. Tenders should advise on how they would meet the research aims. Given the combination of clinical and regulatory expertise needed to meet the research aims we would welcome bids from mixed teams or multi-organisation partners.
20. The GOC can assist with making connections with experts in the field of optometry and professional bodies in the optical sector.
21. The GOC is a UK-wide regulator, and it is important that the analysis includes all four nations of the UK. Each of the NHS sight test commissioning models in the UK varies by nation.

Outputs

22. The appointed contractors will be expected to deliver the following:
 - a written report to publishable standards that meets the research aims (template to be agreed in advance with GOC); 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

23. The budget is in the range of **£15,000-25,000 including VAT and all other contractor costs.**

Timetable

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

Task	Date
Bid submitted by contractors	10am, 2 November 2023
Selection process by GOC	w/c 3-17 November 2023
Draft report submitted by contractors	4 March 2024

⁶ Entventure Research (2019), *Risk in the optical professions: Final report: General Optical Council*

Task	Date
Final report and all other outputs submitted by contractors	18 March 2024
Presentation of findings to our Council by contractors	June 2024 (TBC)

Proposals

25. Proposals should clearly state how you would meet the requirements set out in this invitation to tender. 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 contractors or project team members may have that are 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; and
 - a comprehensive itemised cost for all aspects of the work and total cost.

Selection process

26. Tenders will be evaluated carefully against the award criteria and weightings set out below:
- extent to which proposals demonstrate understanding of the brief, and meet its stated objectives in terms of research design (50%);
 - the tenderer having appropriate skills, qualifications and a track record in delivering similar projects (25%); and
 - the ability of the tenderer to deliver this project within the specified timescale and at reasonable costs (25%).
27. All work should comply with the Code of Conduct of the Market Research Society.
28. The Council reserves the right to pay only for work it deems to be satisfactorily completed.
29. The Council is not bound to accept the lowest offer or any tender.

30. Following assessment of proposals, we reserve the right to request a further tender, proposals or pricing details from selected potential contractors.

GOC contacts

31. Please send tenders and direct any questions to Marie Bunby (Policy Manager) by email to mbunby@optical.org

Data and Freedom of Information

32. 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

33. 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.
34. 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.
35. 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.

36. By issuing this ITT the GOC is not bound in any way and does not have to accept the lowest or any tender.
37. 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.