

General Optical Council, Education Strategic Review

Financial Impact Assessment

October 2020

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This impact assessment has been carried out drawing on publicly available data relating to funding streams, and by discussion with stakeholders across the optometric and ophthalmic dispensing education sectors. I am grateful to those who willingly gave their time and expertise. An outline of the range of discussion I held is set out in an Appendix.

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Executive Summary

Introduction

This financial impact assessment has been prepared for the General Optical Council (GOC) to identify and to assess the financial impacts of its proposals to update the education and training requirements for optometrists and dispensing opticians, aiming to increase the quality and safety of optometry and ophthalmic dispensing for patients.

In my discussion, there was universal recognition of the need for change and the many positive aspects of the proposals, and it is important to be clear that this impact assessment necessarily focuses on potential costs and problems.

Optometry education

The financial impact of the Education Strategic Review's current deliverables on optometry education has uncertainties relating to the willingness of practices to provide settings for professional and clinical experience where there is less commercial benefit. It will also bring increased costs to providers relating to the organisation and management of practice-based professional and clinical experience; and to the assessment of professional and clinical experience.

- After additional costs relating to ESR have been met, I estimate that university departments of optometry will have between £4,500 and £100 per student to cover the costs of teaching.
- Through a combination of student loans and salary, I estimate that students will receive between £5,000 and £27,000 to cover living costs for the extra years' study implied by ESR.
- I estimate that it will cost practices **£1,500** per student to host the student's professional and clinical experience, although assessment fees structure may change, potentially off-setting some of this cost.
- There is a trade-off between universities and practices: improving the financial position for one exacerbates it for the other.
- If, in order to meet the new standards, universities would need to spend more than the income they receive, some providers may well stop providing optometry education.

Ophthalmic Dispensing education

The financial impact of the Education Strategic Review's current deliverables on ophthalmic dispensing education is less, because its structure already follows closely the structure implicit in ESR. There will be additional costs (between **£10k** and **£25k** per provider in one-off costs; and between **£500** and **£1,500** per student recurrent) involved in transitioning to the new standards; however, diploma level ophthalmic dispensing programmes, which are already very marginal financially, are unlikely to be viable in the future. Degree level ophthalmic dispensing programmes are more robust.

Risks

I identify financial risks relating to timing and Covid19; to the professional bodies; to hospital optometric services; and to perturbations in a market system.

Mitigations

I identify mitigations: the speed of adoption of any new standards; clarifying routes to continuation of GOS payments for supervision; the need to engage with the sector on implementation; and the need to engage with the NHS about future funding.

Recommendations

I make four recommendations:

- Consider a longer implementation/adaption period to recognise the impact of Covid19 and the financial impacts of the proposals.
- Identify sure routes for the continuation of GOS payments for the supervision of optometry students undertaking practice-based learning.
- Engage with the sector in ongoing discussions about implementation.
- Engage as a sector with national healthcare funders, and in particular with Health Education England, to discuss how ophthalmic education could be better supported financially.

Introduction

1. This financial impact assessment has been prepared for the General Optical Council (GOC) to identify and to assess the financial impacts of its proposals to update the education and training requirements for optometrists and dispensing opticians:
 - Outcomes for Registration
 - Standards for Approved Qualifications
 - Quality Assurance and Enhancement Method
2. The analysis focuses on the significant financial impacts – both positive and negative – of the GOC's proposals, including the proposal to integrate pre-registration training within the approved qualification leading to entry to the GOC register for both optometrists and dispensing opticians; and the requirement that a Single Point of Accountability (SPA) is responsible for the award of the approved qualification.
3. The report is informed by consideration of the ESR proposals; by discussion with sector stakeholders including professional bodies and providers; and by my experience of the higher and professional education sectors (over thirty years' experience, including working closely with a university department of optometry on

quality assurance and approval matters, and on partnership development with further education; and substantial experience of practice-based health education.)

4. For clarity, my initial analysis assumes that we are in normal times. But these are not normal times, and this cannot be ignored. I therefore also present a section on risks which draws out the financial issues which arise because of these extraordinary times, as well as other issues. My analysis looks first at optometry education, and then at ophthalmic dispensing education, before looking at risks and setting out some possible mitigations.
5. It is also important to be clear that this impact assessment necessarily focuses on costs and problems. The context is, of course, the development of a changed approach to standards and outcomes which aims to increase the quality and safety of optometry and ophthalmic dispensing for patients. In my discussion, there was universal recognition of the need for change and the many positive aspects of the proposals.

Optometry Education

6. I consider the financial impacts from three perspectives: providers of GOC approved qualifications, students, and optical practices/ employers. For each section I set out a summary table of financial impacts, where possible placing a value or a range of values against each impact, and then I set out an explanation and discussion of each factor.

Providers of GOC Approved Qualifications: Optometry

Factor	England	Scotland	Wales	Northern Ireland	Notes
Tuition fee income	£9,250	£0 to £9,250 [Mean: £2,850]	£9,000	£4,395 to £9,250	See paras 7 to 10
Funding council grant income	£1,458	£4,887	£768	£3,098	See paras 11 to 14
Contribution to overheads	(£4,250)	(£2,935)	(£3,900)	(£3,000)	See para 16
Organisation and management of professional and clinical experience	(£1,500)	(£1,500)	(£1,500)	(£1,500)	See para 22
Payment to providers of professional and clinical experience	£0 to (£1,800)	£0 to (£1,800)	£0 to (£1,800)	£0 to (£1,800)	See paras 23 to 30
Assessment of professional and clinical experience	(£500 to £1,000)	(£500 to £1,000)	(£500 to £1,000)	(£500 to £1,000)	See paras 41 to 47

Net benefit/cost: this is the amount available pr student, to teach students	£4,458 to £2,158	£2,402 to £102	£3,868 to £1,568	£2,493 to £193	Best case/ worst case
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Tuition fee income

7. All UK providers of GOC Approved Qualifications in optometry (apart from the College of Optometrists' Scheme for Registration) are in the university sector. In the UK, higher education policy and its funding is devolved to governments in Scotland, Wales and Northern Ireland, and aspects of funding policy for higher education differ considerably across the four UK nations.
8. In England and in Wales the principal source of income for universities for first degree programmes is students' tuition fee income. A year's tuition fee for home full-time programmes per student in England is up to a maximum of £9,250; it is £9,000 in Wales. (In England the Augar Review has recommended a reduction in fee levels, but government has not yet responded.)
9. Student tuition fee income is lower for universities in Scotland and in Northern Ireland. In Scotland, students from Scotland pay no fee for first degree programmes; universities in Scotland may charge an annual fee of £9,250 for students from the rest of the UK. [In the table above I have calculated the mean actual tuition fee per student in 2018-19 as a proxy for fee income.] In Northern Ireland, students from Northern Ireland pay an annual tuition fee of £4,395 for first degree programmes; universities in Northern Ireland may charge an annual fee up to a maximum of £9,250 for students from the rest of the UK.
10. Students may be in paid employment whilst studying, and *ipso facto* universities may charge tuition fees for periods of time where students are registered and are in paid employment. A question that arises is whether, in relation to the 48 weeks of professional and clinical experience, the full tuition fee, or the fee for a sandwich year out, applies. If a programme year is regarded as a sandwich year out, then the tuition fee is considerably lower. I set out in the Technical Appendix at the end of this paper the rules relating to sandwich years out. In short, it is possible that a university *could* organise its curriculum such that a students' professional and clinical experience counted as a sandwich year out, but it is not necessary to do so. I am assuming, therefore, that the full tuition fee level, as set out above, will apply for all universities, for each year of study.

Grant income

11. In each nation, in addition to student tuition fee income, universities may also receive grant income from the home-nation higher-education funding body (In England, the Office for Students; in Scotland, the Scottish Funding Council; in Wales, the Higher Education Funding Council for Wales; and in Northern Ireland, the

Department for the Economy). In England grant income is targeted at higher cost subjects (such as medicine or performing arts) in five funding groups (A, B, C1 & C2, D) and some specific initiatives such as widening participation. In Wales grant funding is allocated per credit unit, with priority given funding to part-time education and some element for higher cost subjects, as well as for some specific initiatives such as widening participation. In Scotland the grant income is instead of home student fees, or tops up the reduced student tuition fee income received from students from the rest of the UK; and in Northern Ireland the grant income or tops up the reduced student tuition fee income received from students from Northern Ireland).

12. These are very different funding methods, and it is hard to find a good approximation which is comparable across nations. In the table above I have used the Price Group B price for England. For Wales, Scotland and Northern Ireland, which have more complex funding formulae, I have used the per student teaching grant for the specific university.
13. The majority (75% - 2,100 out of 2,781) of optometry students in the UK study at English universities. In England, the Office for Students uses teaching grants to recognise the higher cost of teaching some subjects. Subjects are allocated to one of five price groups; optometry is within Price Group B – “laboratory-based science, engineering and technology subjects and preregistration courses in midwifery and certain other allied health professions.” This is a process carried over from its predecessor, the Higher Education Funding Council for England; the Office for Students intends to review its funding mechanism in 2021 or 2022.
14. There are no caps on the recruitment of international students. In nearly all cases, tuition fees payable by international students subsidize other activities of the university, including teaching UK students. (The necessity of this can be seen by the per student funding in the table at the start of this section.)

Overall income to providers

15. Universities are large organisations and tuition fee and grant income must cover more than simply the direct costs of teaching. A proportion of the tuition fee and grant income will be used to support cross-university activities and infrastructure. In my experience, this varies between providers; 40% is a typical contribution rate. As part of my work I have sought specific detail from universities about the overhead rate they face. The only answer I received quoted a contribution rate of 50%.
16. In calculating the cost of this contribution rate to optometry departments I have assumed 40% as the contribution rate, based upon my experience, rather than the 50% I have been quoted, which seems like it may be an outlier. I have calculated this as a proportion of the tuition fee plus grant income for each nation, and rounded the answer. In the case of Scotland and Northern Ireland I have assumed the tuition fee

is that payable by the student from the home nation, reflecting the actual student populations at the universities in question.

17. This means that departments of optometry will on average have the following additional income per student to cover the costs of the professional and clinical practice within the programme:

England:	$£9,250 + £1,458 - £4,250$	$= £6,458$
Scotland:	$£2,850 + £4,887 - £2,935$	$= £4,402$
Wales:	$£9,000 + £768 - £3,900$	$= £5,868$
Northern Ireland:	$£4,395 + £3,098 - £3,000$	$= £4,493$

Professional and clinical experience costs

18. The 'Standards for Approved Qualifications' propose to integrate 48 weeks/1600 hours of professional and clinical experience within the approved qualification. If providers of approved qualifications in optometry, assuming they are universities, become responsible for managing and quality-controlling students' professional and clinical experience, there are some specific direct and indirect financial impacts. Direct impacts relate to the resource needed to identify, manage and quality assure placements at which students will gain their professional and clinical experience. There is also a potential need – discussed below – to pay the providers of the placements.
19. Indirect costs relate to the risks which may be borne by universities in *guaranteeing* placements as part of their contract with students. Currently, in the non-integrated routes to registration, it is up to students to find jobs after graduation, which will enable them to complete their training. Moving the requirement for professional and clinical experience to within the degree programme means that the University has a responsibility to enable students to gain this professional and clinical experience.
20. Comparable situations exist in teacher education and in clinical subjects such as medicine and dentistry, in which universities are responsible for finding placements. The comparison with teacher education and medicine is useful. In teacher education, universities work to build partnerships with schools to provide regular placements. This makes it easier for the university to bear the risk of admitting a student without knowing, at the point of admission, where their placements will be. Universities also pay schools for providing placements. In the case of medicine, the university bears the responsibility for finding placements, but payment is via NHS funds, and partnerships are regulated and well established, giving certainty that placements will be available.
21. In my experience, the direct cost per student of identifying and supporting significant placements in a university programme is roughly £1,500 per student. This covers the

costs of staff whose role is to source placements; to manage the allocation of students to placements; to manage relationships with placement providers; and to deal with any practical and logistical issues relating to individual placements. This figure derives from my experience in reviewing placement management in education at a number of different UK universities, and refers to an annualised cost of a system which provides students with three different placements over the course of an academic year. (It may be that this cost could be reduced in the case of a university which operated a single central team for managing placements, but this is done in very few universities.)

22. Each provider will design differently the professional and clinical experience elements of an optometry degree. My working assumption is that they will comprise a mixture of shorter and longer periods of in-practice experience, supported by learning and assessment methods which vary depending on the stage of a programme. I propose to use – based on the experience of teacher education – a figure of **£1,500 per student**, across the length of their programme, to cover the costs of obtaining and managing placements at which student will gain their professional and clinical experience.

Professional and clinical experience costs – payments to optical practices

23. A second direct cost relates to payments to optical practices or other providers of clinical and professional experience. It is not a given that optical practices or other providers of clinical and professional experience will require payment, but I consider it to be likely.
24. My reasoning is that at present the costs to a practice of supervising a pre-registration student are covered by the GOS pre-registration supervision grant and by the commercial income that the trainees generate through their practice. (These costs are the salary; the College of Optometrists' fee for the Scheme for Registration; the costs of supervising a trainee; and the costs of the mandatory short hospital placement.) My conversations suggest that these roughly balance out – the important element for practices is that the placement does not represent a net cost; but nor do they expect it to make a profit. Within the pre-registration year, at first trainees are less commercially productive; they become more so as the experience and skills progress, and over the year the costs and benefits balance out.
25. Under the new proposals, students will gain their professional and clinical experience throughout their training. It follows that unless the professional and clinical experience in a university's programme enables exactly the same amount of commercial work, the balance of costs and benefits will tilt towards the cost.
26. It would make sense, for example, to ensure that one 26-week block of the 48-week professional and clinical experience requirement was structured to enable the payment of GOS six-month supervision grant. This would likely be towards the end of

the programme, when a student was more experienced and capable. This would support the engagement of practices as it would have similar commercial possibilities to the current pre-registration year. The other 22 weeks would be likely to be shorter blocks spread over the earlier programme years, and would have less scope for commercial gain as students would be less capable and blocks shorter. They would represent a cost: both real in the time taken to supervise and engage with the student; and opportunity in the lost commercial possibilities.

27. Unless practices are compensated for the costs of the non-commercially productive placements, the economic pressure on them may well result in placements not being offered. This is not to argue that practices do not see the importance, and other benefits, of hosting students; but commercial realities may become overwhelming.
28. Some universities which currently have semi-integrated pre-registration years within their programmes are considering payments to placement providers. The amount considered is up to £4,000 (this relates to the single long placement). It recognises the difficulties they are finding in securing placements, and the costs incurred by practices because of the need to work in partnership with a university, which is not otherwise a feature of pre-registration years.
29. The amount of payment necessary will clearly be a commercial negotiation and will need to reflect the change to costs incurred. In the table above I have suggested a range – going from no payment to £1,800, acknowledging the uncertainty here. (£1,800 represents 22/48ths of the £4,000 suggested in paragraph 28 above).
30. For these reasons I believe it likely that there will be some payments to practices which host students undertaking professional and clinical experience – particularly for earlier placements, or shorter placements, where the student is less commercially active. The less the new arrangements look like the current arrangements, the greater the need for payments is likely to be.

General Ophthalmic Services (GOS) Payments

31. A further complication occurs with the payments currently made to practices under the General Ophthalmic Services (GOS) contract to cover the cost of supervision of pre-registration training¹. Almost all optical practices offer services under the GOS contract and are therefore eligible to apply for the pre-registration supervisors' grant. Payments are made direct to optical practices that meet qualifying criteria.

¹ Whilst the GOS contract is governed by secondary legislation (Statutory 2008 No. 1185 The General Ophthalmic Services Contracts Regulations 2008), the pre-registration supervisor's grant is included in the regulations not by name but as 'Additional Services', nor is it explicitly mentioned in the General Ophthalmic Services Contracts model contract published by NHS England, although the level of grant is included in the annual DHSC letter 'General Ophthalmic Services: NHS Sight Test Fee, NHS Optica Voucher Values, Payments For Continuing Education And Training And Pre-Registration Supervisors Grant.'

32. Two accommodations will need to be made by providers to enable GOS payments to continue to be made. The first is that – in line with S4.10 of the proposed Standards for Approved Qualifications – universities will need to ensure that supervisors of students undertaking professional and clinical experience are appropriate and have a standing within the University’s structure. The second is that universities will need to ensure that their qualification is recognised by the NHS as qualifying for GOS supervision payments. In England this is Primary Care Support England (PCSE); there are variations of approach in Scotland, Wales and Northern Ireland.
33. These two approaches would ensure that the supervision was clearly linked to an approved qualification, which should enable GOS payments to be made to make a contribution to the costs of practice-based training. The current fee in England paid to practices for pre-registration supervision is £3,692, and there are small variations to this number in Scotland, Wales and Northern Ireland. If this is not paid, I would expect it to be *added* to the level of fees which universities will need to pay practices. However, it is clearly beneficial to design programmes and quality management arrangements to ensure that it can and will be paid: as in the case of sandwich-year fees set out above, it is a risk to be avoided.

Indirect costs: the commitment made to students

34. An indirect cost arises because of the nature of the student contract and the regulation which applies, especially in England. English universities are required by the Office for Students to comply with Competition and Markets Authority guidance on terms and conditions. (This is Condition C1: “The provider must demonstrate that in developing and implementing its policies, procedures and terms and conditions it has given due regard to relevant guidance about how to comply with consumer protection law.”)
35. In simple terms, this means a university must be clear about what it will deliver, and it must then do so. If, having secured GOC approval for a programme which leads to eligibility to register and practise, a university then says that graduates will be eligible to register and practise, then it must enable this. If in turn its GOC approval depends upon students undertaking professional and clinical experience in practice settings external to the university, then the university has made a guarantee to any student they enrol that they will be able to access that experience. And yet this is outside of the university’s absolute control. This represents a risk to a university, which may be liable for compensation to students in the event that they cannot provide the professional and clinical experience to *all* students.
36. The problem is avoided entirely if programmes are structured to require applicants to be employed within a practice as a condition of acceptance – this is how semi-integrated programmes currently work. However, this approach would require radically different approaches to optometry education for most providers; and for some it would likely be a barrier to continued provision of optometry education. (For

instance, the larger research-focused universities do not as a matter of policy offer many undergraduate programmes which are not aimed at full-time school-leaver students: this is tied in with league tables and so on.)

37. The nature of the promise made to students will mean that universities become more cautious. Universities have become sensitive to compliance with the conditions for registration set by the Office for Students in England, and have put in place a strong infrastructure to give university leaders the confidence that the promises will be fulfilled and the university's registration with the Office for Students will not be imperilled. If universities have a concern that fulfilling the offer to students may be problematic, it will cause them concern.

Quality Assurance costs

38. There are costs relating to the management of the quality of placement learning (inspection visits; contractual relationships with providers) and costs relating to the development and approval of new programmes.
39. The former is unlikely to be substantial, and for the purposes of modelling can be wrapped up in the £1,500 per student professional and clinical experience placement administration cost identified above. In detail, the costs involved are the time of academic staff in visiting practices to check that the facilities and the arrangements for student learning are appropriate, and for agreeing the learning contract for each individual student. These are the actions expected by the Quality Assurance Agency for Higher Education in its advice and guidance on work-based learning. It is worth noting that much of this work will be done by academic staff within an optometry department, rather than a specific administrative team focused on sourcing and managing placements for professional and clinical experience.
40. The development and approval of a new programme is not cost free. It requires staff time within optometry schools to design curricula and develop learning materials, particular where some of that learning is off-site. It requires the time of university staff to approve programmes. This is necessarily a cyclical process – programmes tend to be revamped periodically (my estimate is every decade or so, a substantial revision is undertaken). In thinking about the costs of implementing the ESR proposals it is probably best not to regard these as additional costs, but to look at the timing of the costs. I will therefore come back to this within the *Risks* section.

Assessment of Professional and Clinical Experience

41. Currently pre-registration optometrists (or their employers) pay a fee of £3,870 to the College of Optometrists for enrolment and assessment on the Scheme for Registration. Whilst the College of Optometrists will have other costs which are in part paid for from this fee, including a contribution to overheads, some of it will relate to the direct costs of managing the assessment.

42. Universities will have discretion about which of the Outcomes for Registration (if any) will be taught and assessed within the periods of professional and clinical experience within the integrated qualifications. My discussion with academics involved confirm that it is likely that some of the Outcomes for Registration will include teaching and assessment related to the periods of professional and clinical experience. There will therefore be costs involved in assessing these. Universities will innovate in this area, which makes it hard to identify a single figure to represent costs.
43. My discussions suggest that the cost per student of a single objective-structured clinical examination (OSCE), such as that which forms part of the current assessment for the Scheme for Registration, varies between £600 and £1,000. The variation relates to the scale of the operation and the complexity of the assessments. This is the cost of venues, assessment staff, patients, administration and any equipment necessary.
44. An assessment diet for professional and clinical experience is also likely to include some direct observation of a student in the practice environment. This need not simply be a checklist of competencies; it may well, for instance, include a discussion with the student and with practice-based staff reflecting on how they are working, or some sort of review of a professional portfolio compiled by a student.
45. If we assume three half-day visits over the course of a learner's professional and clinical experience, then for a cohort of thirty students this is about 0.25FTE of an academic job. The cost of this per student is therefore, taking into account 25% on costs on salary and the salary range in current optometry academic job vacancies, about £450 per student.
46. There are thus three reasonable data points to use when estimating the assessment costs that universities will face in respect of the professional and clinical experience:
- The College of Optometrists' fee for the Scheme for Registration - £3,870 per student
 - The estimated cost of operating an OSCE - £600 to £1,000 per student
 - The estimated cost of visiting and assessing students in practices - £450 per student
47. In my calculation of the financial impact I have estimated a range of costs of **£500 to £1,000 per student** for the assessment of the student's professional and clinical experience. Given the scope for innovation and the uncertainty on some of the estimates, this is at the lower end of the estimated costs discussed above.

Net financial impact on providers

48. I have made estimates of a number of costs in the discussion above. It is worth noting, in this context, that actual costs, and meaningful forecasts of actual costs, are

difficult to obtain within universities. Few, if any, universities are able to provide a robust financial estimate of the costs of delivering specific individual programmes: costing tends to be at overall subject or department level, which includes several programmes and other activities. Similarly, financial forecasting is typically done at a university level, and is driven by assumptions which serve the University’s overall purpose, but are not sufficiently granular to use as robust forecast data at an individual programme level. This means that estimation of costs based on experience is the most appropriate approach, and the one I have adopted here.

49. Based on the above analysis I have estimated the financial impact of the ESR proposals on universities. The calculation is summarised in the table at the start of this section. In my view:

- In the best-case scenario, an English university department of optometry will have £4,458 per student to cover the cost of teaching students for the additional year, after meeting the additional costs of the ESR proposals.
- In the worst-case scenario, an English university department of optometry will have £2,158 per student to cover the cost of teaching students for the additional year, after meeting the additional costs of the ESR proposals.
- In the best-case scenario, a Scottish university department of optometry will have £2,402 per student to cover the cost of teaching students for the additional year, after meeting the additional costs of the ESR proposals.
- In the worst-case scenario, a Scottish university department of optometry will have £102 per student to cover the cost of teaching students for the additional year, after meeting the additional costs of the ESR proposals.
- In the best-case scenario, a Welsh university department of optometry will have £3,868 per student to cover the cost of teaching students for the additional year, after meeting the additional costs of the ESR proposals.
- In the worst-case scenario, a Welsh university department of optometry will have £1,568 per student to cover the cost of teaching students for the additional year, after meeting the additional costs of the ESR proposals.
- In the best-case scenario, a Northern Irish university department of optometry will have £2,493 per student to cover the cost of teaching students for the additional year, after meeting the additional costs of the ESR proposals.
- In the worst-case scenario, a Northern Irish university department of optometry will have £193 per student to cover the cost of teaching students for the additional year, after meeting the additional costs of the ESR proposals.

50. In tabular form:

	Per student resource available after impact of ESR	
For universities in:	Best case	Worst case
England	£4,458	£2,158
Scotland	£2,402	£102
Wales	£3,868	£1,568

Northern Ireland	£2,493	£193
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51. The best-case numbers give departments of optometry some limited scope for spend to deliver teaching. The worst-case numbers are problematic particularly for universities in Scotland and Northern Ireland.
52. For the reasons I have set out in paragraphs 23 to 30 above, I think it is likely that some payments to practices which are involved in the delivery of the professional and clinical experience elements of the programmes will be necessary. The worst-case scenarios are therefore somewhat more likely than the best-case scenarios.
53. Hospital placements have different considerations. I outline these in paragraphs 78 and 117 to 119 below.

Students of GOC Approved Qualifications: Optometry

Factor	Impact	Notes
Employment income	£0 to £17,000	Depending on structure of programme
SLC Living cost loan	£5,981 to £12,010	Depending on familial income
SLC Tuition fee loan	£0 to £9,250	Balances tuition fee
Tuition fees	£0 to (£9,250)	Balances tuition fee loan
Costs of professional and clinical experience	£0 to (£1,500)	Assumed
Net benefit/cost	£27,510 to £4,481	Best case/worst case

54. The financial impact on optometry students is fourfold: income from employment; income from the Student Loans Company; tuition fees; and placement costs.

Employment

55. Currently students on pre-registration years are in paid employment. There is no rule meaning that they cannot be paid whilst undertaking a university programme: it will be a commercial decision about whether they are in practice paid or not, and how much.
56. There are clear benefits to a practice in paying students who are undertaking professional and clinical experience with them: they are able to direct them; they are clearly identifiable as part of the practice team, and will count as staff for insurance purposes, and so on. If they are on a contract of employment, then minimum wage legislation also applies. Similar to internships, there will also be pressures to recognise the contribution students make to the practice's income. It is possible that practices may seek to pay students less in total than currently, recognising that they are likely to spend more time learning, and that they will be at an earlier stage of their studies. (Paragraph 26 above illustrates the reasoning here.)

57. If a practice chose not to pay students, it would have less control over the student's activities; and there would be an opportunity cost in having a non-commercially-productive student.
58. My view is that practices are likely to continue to pay students, albeit at a lower total amount than at present because of the shorter time they will be commercially capable. Note that this is independent of current commercial concerns, which I discuss below in the section on *Risks*.

Student loans

59. UK university students would be eligible to borrow from the Student Loans Company for living costs during the periods of professional and clinical experience, as they would be for other years of their programme.

Tuition fees

60. Where students had to pay tuition fees, they would be liable for tuition fees for the additional time spent registered with the university, as for any other year. UK students would be able to borrow from the Student Loans Company to fund this: it would not be an up-front cash cost.

Professional and Clinical Experience costs

61. Depending on how universities structure their programme and manage the relationships with practices, students may find that they have additional costs relating to time spent learning away from university, within a practice context. For many students this will be trivial – a question of travelling to different part of the city in which they live – but for some, and particularly where the practice is based in a smaller town, it may be significant. In the latter case it may be transport costs for a daily commute, requiring a car if public transport is not available; it might also be temporary accommodation, which would be expensive for short periods of learning.
62. Universities would need to ensure that any implications for equality, diversity and inclusivity linked to placement allocations were managed: it is likely therefore that universities would wish to provide grants/hardship funds in cases of genuine financial difficulty, or make arrangements for those with specific needs (for example childcare). There are, however, too many uncertainties to enable realistic modelling of this position.

Overall cost/benefit

63. Salary payments and student loans means that in cash terms the average student is likely to be better off during their additional year under ESR than they are at present. Against this will be additional costs – travel and accommodation – which for some students may be more than the net gain.

64. Loans from the Student Loans Company for living costs and tuition fees are debt, but not like a bank loan or a credit card. Graduates repay loans at a fixed rate only above a certain salary threshold, and repayments stop after a certain number of years, regardless of whether the loan has been repaid or not. In practice this means that a graduate who does very well, financially, in their subsequent career, may find that they eventually pay their full loan back; but this will not be true for all graduates.
65. In the best-case scenario – where students are employed and are able to access the maximum SLC loans, and do not face significant additional costs of travelling to the location of professional and clinical experience, they will be substantially better off, in cash terms and during their studies, by **up to £27,510**.
66. In the worst-case scenario, where students are not employed, can access only the minimum SLC loan, and face additional costs, they will have **£4,481** to cover the other costs of the additional year.
67. For the reasons discussed in paragraphs 55 to 58 above, I think it is likely that students will be in paid employment for some of their professional and clinical experience, and so the worst case scenario is unlikely to arise. Overall, the financial impact of the ESR proposals on students will be minimal.

Practices providing professional and clinical experience for GOC Approved Qualifications: Optometry

Factor	Impact	Notes
Salary	£0 to (£21,275)	£17k plus 25% on costs
Commercial income	£0 to £21,275	Balances employment costs
Costs of professional and clinical experience	(£1,500)	Assumed; depends on programme structure
Net benefit/cost	(£1,500)	

68. The financial impact of the ESR deliverables on practices relates to salary costs; commercial income; and costs incurred by the practice in hosting students undertaking professional and clinical experience. Some of the points relating to the costs incurred by practices are similar to those that apply to universities, in ensuring that students are able to access appropriate professional and clinical experience as part of their programme. The points made in paragraphs 23 to 30 above are also relevant, therefore, to the discussion below.

Salary and commercial income

69. As noted above, I believe it is likely that practices will continue to find it beneficial to pay students for work they do whilst undertaken professional and clinical experience. The commercial income generated by a student in this time – through eye tests and the subsequent sale of spectacles – is likely to be lower than current

pre-registration students, because of the anticipated greater demands of learning, and the likely short periods of professional and clinical experience in the later years of a students' programme.

70. In a community practice hosting a student's professional and clinical experience is necessarily a commercial proposition, and any decrease in commercial income will be reflected in lower salary costs (and/or in a requirement for payment by universities). Similarly, higher salary would need to be accompanied by greater commercial income, which is unlikely given greater demands on students' time.

Costs of providing Professional and Clinical Experience

71. I have noted above that the professional and clinical experience elements of a degree programme are likely to involve greater university input than the supervision of current pre-registration years. This will bring some costs to practices, relating to the time spent with university staff *in situ* and the opportunity cost of not earning as much commercial income from a chair occupied by a student undertaking professional and clinical experience.
72. Similarly, the costs of engaging with university quality assurance and placement management (discussed in paragraph 39 above) will be real.
73. It is hard to put a specific figure on this: it is an activity which has not yet happened. I estimate that the cost for universities relating to the organisation and management of professional and clinical experience, and staff engagement with practices, would be approximately £1,500. Practices would experience a different set of costs – staff time in engaging with universities, staff time in participating in the training of students, and opportunity costs. I estimate that the cost for a practice will be **£1,500** per student.

Net impact

74. The commercial environment for community optometry practices is challenging. It is my assumption that practices will need placements to be cost neutral, taking into account salary and commercial income, opportunity costs, costs incurred in offering placements, and any payments from universities.
75. It is also the case that many practices use the pre-reg student placements as a recruitment tool for post-graduation. It is therefore within their interest to host good quality placements to attract good graduates to form part of their fully-qualified workforce. This is another reason why businesses will want to host placements.
76. I estimate that taking into account salary and commercial income and the costs incurred in hosting professional and clinical experience, practices would spend **£1,500 per student**.

77. This may be a small enough figure for practices to bear, given the benefits of engaging with trainees during their studies. Undoubtedly the economics will work differently for different practices. Larger, more commercial practices will find it easier to absorb these costs. Larger and busier practices will also have a greater need to plan for recruiting staff. Conversely, smaller practices may find the costs – both cash and opportunity costs – too great to bear without some form of subsidy; they will also be less concerned, because of their scale, in securing a regular supply of newly qualified optometrists.
78. There is also the consideration that practices may no longer need to pay the examination and registration fees for the College of Optometrists' Scheme for Registration. Currently this is paid directly by some students; in other cases employers will fund this. As not all practices currently bear this cost, I have not included it in the calculation of financial impact; but for some practices it will represent a saving on current expenditure, which could offset some or all of the additional costs.

Hospital placements

79. A small proportion of pre-registration placements take place in a hospital setting. The current cost of providing a pre-registration placement with adequate clinical supervision for the full year has been estimated at about £10,000 per student (the rough cost of two clinician sessions per week), net of salary. There is less possibility of commercial income to offset this cost: it is reasonable to assume therefore that professional and clinical experience in a hospital setting will need to be subsidized by universities.

Overall impact: GOC approved optometry education

80. The ESR proposals will potentially have a negative financial impact on some providers and practices, but not on students.
81. If providers do not have the resources that they need to deliver the programmes, some will consider ceasing to provide optometry education. I think it is a possibility that, as things stand, some of the current providers will exit the market. This judgement is informed not only by this analysis but by knowledge of the overall pressure universities are currently facing because of Covid19.
82. If practices perceive the costs of providing opportunities for professional and clinical education as being too great, compared to the benefits, some may cease to offer those opportunities.

Ophthalmic Dispensing Education

83. The change implied by the ESR proposals with respect to ophthalmic dispensing education is smaller: students are already undertaking practice-based learning within

their programme, and the dominant model is one of students in full-time employment within the optical profession studying part-time (and often by distance learning) with an education provider (an FE college, a private college, or a university). In the main the financial impact will therefore be that involved in the development of new programmes which meet the new standards.

84. In practice training for ophthalmic dispensing is based in England, at three FE colleges and two universities, and in Scotland, at one university. This discussion therefore focuses on the financial impact using only the English and Scottish funding methods.
85. One factor which will have a financial impact is the notion of the Single Point of Accountability (SPA). This will place a new responsibility on the organisation which is the SPA to have managerial oversight and quality assurance of other organisations which contribute to the programme overall.
86. There are two obvious approaches for current education providers (colleges and universities), in my view:
 - a. Current providers seek to deliver and assess all elements of the standards
 - b. Current providers act as the SPA and contract with another body (eg ABDO) for the assessment of the professional and clinical experience
87. Both of the approaches set out in paragraphs 85.a and 85.b above have financial impacts on colleges and universities.
88. Either of the approaches suggested in paragraph 85 above will bring transitional costs: either of developing approaches to assessing the professional and clinical experience elements of the programme, or developing approaches to quality assuring the assessment by another organisation.
89. There are no precise calculations for the costs which might be incurred by a provider; this analysis therefore contains my estimates, and in the discussion I will show the bases on which I have made the estimates.

Costs for a provider which wished to develop its own assessment of Professional and clinical experience

90. A provider which wished to develop its own approach to assessing the professional and clinical experience (i.e. the scenario is paragraph 85.a above) would need to devote time to the development process and to the ongoing assessment process. If we assume that the development process would take six months of a teacher's time, this equates to about £25,000 direct costs, (including salary on costs) plus some allowance for overheads (IT, office space etc). This would be in addition to the time spent in developing a new programme.

91. There would be costs involved in assessing students' professional and clinical experience. It will, of course, be a matter for each provider to decide how to do this. It may be that assessment can be wrapped up entirely within the assessment scheme for the programme overall, in which case additional costs will be minimal. It is also possible that there will be specific elements of assessment which are introduced only because of the need to address professional and clinical experience. It is most reasonable, therefore, to apply possible range of financial impacts. The estimates for optometry provide a useful reference point; a range from £0 to £500 additional cost per student would be possible.
92. There would be set up costs associated with the approval of the new programme by the GOC, but these would in any case be paid on a cyclical basis.
93. I estimate therefore that the additional cost for a provider to develop its own approach to delivering and assessing the professional and clinical experience components of what would in any case be a new programme are about **£25,000**. There may also be additional assessment costs of up to **£500** per student, depending upon the assessment practices chosen by the college or university.

Costs for a provider which wished to contract out its assessment of professional and clinical experience

94. A provider which wished to contract out its assessment of professional and clinical experience (i.e. the scenario in paragraph 85.b above) would need to develop an approach to assuring itself of the capabilities of a partner organisation; agreeing with the partner organisation their role in the overall programme and assessment structure; and monitoring performance on an ongoing basis.
95. Assuring itself of the capabilities of the partner organisation would require some thought about the process and criteria, and some kind of sign-off process. If the provider had gone through a process to gain Ofqual accreditation, much of the necessary academic work would have been done: there is no need to make this stage unduly onerous from the academic/pedagogic point of view. There would be costs in developing criteria, in due diligence and in contracting, but these would be small – a few days of a member of staff's time; perhaps a relatively small legal fee. An assumption of £5,000 of cost should cover these: mostly this will be staff time.
96. The partner organisation would need to be involved in the development of the new programme. The costs would relate to time in meetings and discussions about the curriculum. These would again be in time and in minor expenses. Again, an assumption of about £5,000 should cover what would mostly be staff time. There are clearly development costs associated with a new programme, but these would be incurred in any case, and to ensure comparability with the analysis in paragraph 89 above I am not raising them here.

97. There would be ongoing costs in managing the partnership and monitoring performance. In practice this would be the cost of staff time in attending at assessment activities of the partner, and in particular assessment panels, and in seeking, scrutinising and reporting on data relating to assessment performance of students. These activities would replace, or only marginally increase, already existing activity, relating to programme assessment and reporting.
98. The partner organisation would also need payment. As the contract would be directly with the university rather than individually with the student, the university would need to meet the costs of this. The approach to assessment will be determined by the provider's academic decisions, and the pricing would be a commercial agreement between the provider and the partner organisation. It is difficult to find a suitable anchor – the assessments and are likely to be too different to the current ABDO examinations to use their fee as a sensible benchmark. A fee range between £500 and £1,500 might be a reasonable estimation.
99. I estimate therefore that the additional costs to the provider of engaging with an external partner organisation to provide the assessment of students professional and clinical experience are about **£10,000**, mostly represented by staff time; a payment per student to the provider, which I estimate as being in the range of **£500 to £1,500**; and some small ongoing costs for assessment and monitoring.

Impact on Diploma-level providers

100. The challenge for delivering ophthalmic dispensing education at diploma level is resourcing. The income supporting ophthalmic dispensing education in Further Education colleges in England – which is where all providers at this level are based – comes entirely from course fees, which are currently about £3,500 per year. (There is very little public funding for this type of programme within FE colleges - funding from the Education and Skills Funding Agency focuses on education for 16-19-year olds).
101. The programmes run on tight margins: conversations with one provider showed that in recent years staffing had been reduced and the scope for discretionary activity was minimal. The amount available to spend on delivering the programmes was about half of the fee income. This means that the capacity to spend time or resources on significant changes to programmes is stretched.
102. An approach which sought to contract out the assessment of students' professional and clinical experience is likely to carry more ongoing costs, in my estimation, than a model in which assessment was developed and run in-house. More pertinently, the development of a new programme to meet the changed requirements may in any case be one step too far for diploma level provision: it is financially very marginal, and the effect of the change may be to drive diploma level provision from the market.

Impact on foundation degree-level, or bachelor's degree-level provision

103. Universities in England which are offering ophthalmic dispensing programmes which lead to a Foundation Degree or Bachelor's degree are able to charge higher fees than for diploma level provision. (This applies also to colleges offering provision validated by or franchised from universities.) Fees vary between providers, from about £6,000 per year to about £9,000 per year. As with universities, a proportion of this will cover organisational overheads, but it is clear that the resource available for degree level programmes is much greater than that available for diploma level provision.
104. Universities in Scotland which are offering ophthalmic dispensing programmes which lead to a Bachelor's degree are funded directly by the Scottish Funding Council in respect of Scottish Students, and by tuition fees in the case of students from the rest of the UK. In line with the discussions above (see paragraph 9 above) this gives universities about £7,500 per year. A proportion of this will cover organisational overheads, but it is clear that the resource available for degree level programmes is much greater than that available for diploma level provision.
105. The financial impact of the ESR proposals is therefore less significant for these programme levels: with greater resource, there is greater capacity to develop new curricula, and engage with partners in delivering and ongoing monitoring.
106. As with diploma-level programmes, the in-house assessment model is likely to be more economical than contracting the assessment out to a partner organisation.

Overall conclusions – Ophthalmic Dispensing education

107. The financial impact of the ESR proposals on ophthalmic dispensing education is less significant than on optometric education. This reflects the fact that the structure of ophthalmic dispensing – which already integrates professional and clinical experience in an employment setting with education – matches more closely the expectations of the ESR proposals.
108. The introduction of a Single Point of Accountability will have some financial impacts. I estimate these to be about £25k if a provider chooses to set up their own approach to assessment of professional and clinical experience, with a further cost per student of up to £500 to cover the costs of assessment; and about £10k plus between £500 and £1,500 per student assessment costs if a provider chooses to work in partnership with a partner which assesses professional and clinical experience.
109. Diploma level ophthalmic dispensing education operates on a more marginal basis, financially, than degree level ophthalmic dispensing education. It may be that providers of diploma level programmes choose either to change provision to degree level approaches to bring in additional income, or leave provision entirely.

Risks

Covid19 and the timing of the proposals

110. The Coronavirus pandemic creates a significant financial risk to the sector. Education providers have had to implement safety measures – at significant cost – in order to deliver programmes; members of staff have been working harder than ever to adjust programmes for online delivery and to teach in smaller groups and with greater preparation time. Simultaneously, many universities, anticipating reductions in income because of the public health restrictions on travel and particularly international travel, have begun to implement significant savings programmes, with reductions in staff numbers. Many universities are currently financially challenged.
111. There have also been reported impacts on community practices, with redundancies for some trainees on pre-registration years. At the time of collating the data to inform this analysis (October 2020) universities which operate semi-integrated programmes reported difficulties in securing placements, due to the impact of Covid19 on practices in the spring/summer. The changes to how patients are seen in opticians' practices mean that the scope for supervision of students at the moment is limited (because of the time limits for consultations, and the physical constraints of small spaces and social distancing rules.) Some practices will not currently be commercially viable.
112. Even without Coronavirus, there are reasonable concerns about timing. The cycle for university admissions is 23 months long. Marketing materials for students who will start their studies in September 2022 are being finalised in November 2020 – this is because of the UCAS process and the need to have materials ready for this. It is possible to bring programme late to market, but in any event, a university wishing to admit students for the 2022/23 academic year will have to have the programmes approved by summer 2021.
113. If the details of the ESR proposals are not confirmed until November 2020, this gives only seven months for a new programme to be developed and approved. This is too short a timescale, especially with constrained resources, for good development work. A longer lead time from an approval in November 2020 will enable universities to plan better their development work, and minimise the costs of transition. An implementation plan which sees all optometry and ophthalmic dispensing programmes following the new manual by 2024/25 runs the risk, in some universities, of the provision being seen as too expensive.

Professional bodies

114. The ESR proposals will remove the distinct role of the College of Optometrists and the ABDO as awarding bodies prior to registration. This will have a financial impact upon those organisations.

115. I have been pleased to engage with these providers as part of this process, to understand some of the issues which they anticipate. I have not been able to see detailed information relating to the financial projections of the College of Optometrists and the ABDO, which would help me to better understand the likely impact on these providers.
116. As discussed above, there are approaches – such as securing Ofqual recognition for their activities – which would enable them to enter partnership with universities and colleges. ABDO is already recognised by Ofqual; for the College of Optometrists it would require investment. This would enable universities and colleges to meet their obligations as the single point of accountability.
117. It is beyond the scope of this review to undertake a detailed analysis of the costs for the College of Optometrists to gain Ofqual recognition. Broadly, there would be costs incurred in developing an application, which would be staff time internal to the organisation; there would be fees for an accreditation process; and there would be ongoing registration fees, which are often related to student numbers. The staff time required for similar exercises in universities (for example, preparations for a review by the Quality Assurance Agency for Higher Education) have been costed at about £50k; this might be a reasonable proxy for the costs needed to develop the application internally within the College of Optometrists, but I would caveat this estimate by saying that I am not especially confident about it. The Ofqual website - <https://www.gov.uk/guidance/apply-to-have-your-qualifications-regulated> – contains more detail of process.

Hospital optometric services

118. A consequence of the proposals is likely to be that hospitals offer placements to a smaller number of providers.
119. In my discussion I was told that hospitals use the pre-registration year as a means to identify and develop optometrists who may wish to develop a career in hospital optometry. It is also, to some extent, a self-selecting mechanism for students who wish to specialise in this way. At the moment every graduate can consider and apply for hospital training posts. If professional and clinical experience is integrated into degree programmes, unless hospitals have relationships with every university department, the field of potential trainees will be reduced. (There is, of course, a huge difference between the mandatory short placement in a hospital setting which is currently required, and the year-long immersion which comes through the pre-registration year.)
120. This risk could be mitigated by developing a national system – such as the Oriel platform – for allocating longer periods for hospital-based professional and clinical experience.

Perturbations in a market system

121. More generally, the current system for training optometrists and dispensing opticians is heavily dependent upon commercial activity: that is, it requires practices to employ trainees as an integral part of the process (typically post-graduation for optometrists and throughout a programme for dispensing opticians.) Markets adjust to changes in supply and demand, but are also sensitive to significant perturbations. There is a risk that the changes, if undertaken too quickly, will have unanticipated consequences for individual providers, practices and students.

Mitigations

122. There are a number of mitigations which could be adopted.

Consider the speed of adoption

123. A longer implementation/adaption period would enable providers and practices to adjust to post-Covid ways of working and market realities. It would also enable later adopters of new standards to learn from the experience of early adopters.

Address GOS payments

124. Seek clarity from the relevant NHS health education funders in each of four UK nations that GOS supervision payments may continue to be made following the ESR proposals, and identify what steps universities and practices need to take to ensure this continuity. The GOC is well placed to do this and share information with education providers.

Seek to develop a sector discussion about implementation

125. Implementation of the ESR proposals will inevitably throw up some surprises. An ongoing sector-wide conversation about what lessons are being learnt, and how education providers, practices, and sector bodies can work together to manage a smooth transition, will be beneficial to all. This could include consideration of a UK-wide approach to payments to providers for hosting students' professional and clinical experience. The GOC is well-placed to facilitate such a conversation.

Engage as a sector with NHS funding

126. In the longer run, there would be huge benefits in the sector engaging with the NHS to come to a better agreement about how training in optical healthcare disciplines is organised and funded. This is not a short process, and requires the engagement of all sector bodies – regulator, professional bodies, training and education providers, community and hospital practices, and individual practitioners. In the shorter term, there would be considerable benefits in discussing with the national health funders, and especially Health Education England, how funding for ophthalmic education

could be developed to support improvements in education, standard and patient safety.

Summary

127. The ESR proposals are likely, if implemented as they stand:
- a. To bring additional costs to universities, colleges and practices.
 - b. To prompt some providers, of optometry training and ophthalmic dispensing training, to question the ongoing viability of programmes.
 - c. To make the provision of professional and clinical experience at some community practices less economically viable, unless universities provide payment.
 - d. To create unsustainable demands on education and placement providers if implemented in the timescales envisaged.
128. There are approaches I have outlined which could help mitigate these risks:
- a. Consideration of a longer implementation/adaption period after GOC's approval of its new requirements to give universities, colleges and professional associations time to prepare, to recognise the impact of Covid19 and the financial impacts of the proposals.
 - b. To gain clarity about the means whereby GOS payments can continue to be made for the supervision of optometry students undertaking practice-based learning.
 - c. To seek to facilitate a sector-wide conversation about implementation, to ensure that lessons are learnt and good practice is shared, and that there is a smooth transition.
 - d. Engage with national healthcare funders, and in particular with Health Education England, to discuss how ophthalmic education is supported financially.

Hugh Jones

28 October 2020

Technical Appendix

Sandwich year out?

If the professional and clinical practice element of the programme is organised as a sandwich year out the fee a university may charge students is considerably lower, at £1,850 in England; similarly reduced in the other nations. Whether the year counts as full-time or sandwich year out depends upon the way the programme is organised: by splitting practice learning across more than one academic year the programme may be considered as full-time, and universities can charge the higher fee level. This approach will be absolutely necessary if the proposals are to be implemented.

The HE data rules are set out in the HESES guidance, Annex H (https://www.officeforstudents.org.uk/media/e073e136-90ae-4508-abb3-1ccf95224991/ofs201932-heses19-guidance-for-providers_update-nov2019.pdf)

“Sandwich year out

A year of instance is counted as a ‘sandwich year out’ if it includes a period of work-based experience and meets the following criteria:

- a. The course falls within the definition of a ‘sandwich course’ in Regulation 2(10) of the Education (Student Support) Regulations 2011 (Statutory Instrument 2011 No. 1986) as amended, or the year of instance is an Erasmus+ year abroad spent working.
- b. It is a year of instance that fulfils one of the following:
 - i. Any periods of full-time study within the year of instance are in aggregate less than 10 weeks.
 - ii. In respect of that year of instance and any previous years of instance, the aggregate of any one or more periods of attendance which are not periods of full-time study (disregarding intervening vacations) exceeds 30 weeks.
- c. A reduced fee is chargeable for the course for the year, compared with what would be chargeable if the student were studying full-time in the year. Students spending a full year abroad working, including under the Erasmus+ scheme, should be returned as sandwich year out. This includes students under the British Council’s Language Assistants scheme.”

The relevant excerpt from the Tuition Fee regulations is:

“(10) In these Regulations—

- (a) a course is a “sandwich course” if—
 - (i) it is not a course for the initial training of teachers or an academic year of a designated course that is an Erasmus year.
 - (ii) it consists of alternate periods of full-time study in an institution and periods of work experience; and

- (iii) taking the course as a whole, the student attends or undertakes the periods of full-time study for an average of not less than 18 weeks in each year;
- (b) in calculating the student's periods of full-time study for the purposes of sub-paragraph (a), the course is to be treated as beginning with the first period of full-time study and ending with the last such period; and
- (c) for the purposes of sub-paragraph (a), where periods of full-time study and work experience alternate within any week of the course, the days of full-time study are aggregated with each other and with any weeks of full-time study in determining the number of weeks of full-time study in each year."

GOS contract

The relevant legislation is Statutory Instrument 'The General Ophthalmic Services Contracts Regulations 2008' which apply to England, and similar regulations which are made covering Scotland, Wales and Northern Ireland.

Payments for pre-registration supervision, and payments for Continuing Education and Training, count as Additional Services. A provider is only able to contract for additional services if they also provide mandatory services – essentially, sight tests.

Many universities run ophthalmic clinics and may be eligible to claim GOS contracts (although from my discussion few do so.) But not all universities have in-house eye clinics.

Appendix: sources of evidence

In addition to material published by sector funders and government agencies, and my direct experience of university management within the UK, my analysis has been informed by conversations with stakeholders within the sector as follows:

- Three heads of UK university optometry departments
- One programme lead at an FE college
- One Hospital Ophthalmology consultant
- Senior staff at the Association of British Dispensing Opticians
- A senior member of staff at the College of Optometrists
- Senior staff at the Association of Optometrists
- Senior staff at the Higher Education Funding Council for Wales
- Senior staff within the Education team of the General Optical Council