



Subject Benchmark Statement

Optometry

April 2024



Contents

About this Statement	1
How can I use this document?	1
Relationship to legislation	1
Additional sector reference points.....	3
1 Context and purposes of an Optometry degree	4
Context.....	4
Purposes of an Optometry degree	4
Characteristics of an Optometry degree	5
Equality, diversity and inclusion	5
Accessibility	6
Education for sustainable development	6
Employability, enterprise and entrepreneurship.....	7
2 Distinctive features of an Optometry degree	8
Design.....	8
Progression.....	8
Flexibility	9
Partnership.....	10
Monitoring and review	10
3 Content, structure and delivery	12
Content	12
Teaching and learning	14
Assessment	15
Feedback and feedforward	16
4 Benchmark standards.....	18
Introduction	18
Threshold level.....	18
5 List of references and further resources.....	20
6 Membership of the Advisory Group.....	22

About this Statement

This document is a QAA Subject Benchmark Statement for Optometry that defines what can be expected of a graduate in the subject, in terms of what they might know, do and understand at the end of their studies. Subject Benchmark Statements are an established part of the quality assurance arrangements in UK higher education, but not a regulatory requirement. They are sector-owned reference points, developed and written by academics and practitioners on behalf of their subject. Subject Benchmark Statements also describe the nature and characteristics of awards in a particular subject or area. Subject Benchmark Statements are published in QAA's capacity as an expert quality body on behalf of the higher education sector. A summary of the Statement is also available on the QAA website.

Key changes from the previous Subject Benchmark Statement include:

- a revised structure for the Statement, which includes the introduction of cross-cutting themes of:
 - equality, diversity and inclusion
 - accessibility and the needs of disabled students
 - education for sustainable development
 - employability, entrepreneurship and enterprise education
- a comprehensive review updating the context and purposes, including course design and content, in order to inform and underpin the revised benchmark standards
- taking into account the General Optical Council (GOC) standards and outcomes published in 2021.

How can I use this document?

Subject Benchmark Statements are not intended to prescribe any particular approaches to teaching, learning or assessment. Rather they provide a framework, agreed by the subject community, that forms the basis on which those responsible for curriculum design, approval and update can reflect upon a course and its component modules. This allows for flexibility and innovation in course design while providing a broadly accepted external reference point for that discipline.

They may also be used as a reference point by external examiners in considering whether the design of a course and the threshold standards of achievement are comparable with those of other higher education providers. They also support professional, statutory and regulatory bodies (PSRBs) with the academic standards expected of students.

You may want to read this document if you are:

- involved in the design, delivery and review of courses in Optometry
- a prospective student thinking about undertaking a course in Optometry
- an employer, to find out about the knowledge and skills generally expected of Optometry graduates.

Relationship to legislation

The responsibility for academic standards lies with the higher education provider that awards the degree. Higher education providers are responsible for meeting the requirements of legislation and any other regulatory requirements placed upon them by

their relevant funding and regulatory bodies. This Statement does not interpret legislation, nor does it incorporate statutory or regulatory requirements.

The status of the Statement will differ depending on the educational jurisdictions of the UK. In England, Subject Benchmark Statements are not sector-recognised standards as set out under the Office for Students' [regulatory framework](#). However, they are specified as a key reference point, as appropriate, for academic standards in Wales under the [Quality Assessment Framework for Wales](#) and in Scotland as part of the [Quality Enhancement Framework](#). Subject Benchmark Statements are part of the current quality requirements in Northern Ireland. Because the Statement describes outcomes and attributes expected at the threshold standard of achievement in a UK-wide context, many higher education providers will use them as an enhancement tool for course design and approval, and for subsequent monitoring and review, in addition to helping demonstrate the security of academic standards.

The General Optical Council (GOC) is the statutory regulatory body for the optical professions in the UK. A person is not permitted to practise as an optometrist in the UK unless registered with the GOC. The GOC's mandate is to protect the public by upholding high standards in the optical professions. The GOC approves qualifications which lead to registration, sets standards for performance and conduct of registrants, maintains registers of individuals and bodies corporate and investigates when concerns are raised about fitness to practise. These powers are derived from the *Opticians Act 1989*.

In 2021, the GOC introduced new updated requirements for approved qualifications for optometrists and dispensing opticians, to take effect from 1 March 2021. These set out the knowledge, behaviours and skills a student must demonstrate to join the GOC register as a fully qualified optometrist. All Optometry courses must transition to the new requirements, with many taking this step in academic year 2023-24. Existing courses are expected to continue qualifying optometrists until as late as 2030.

From 2023, students can complete an integrated master's (FHEQ Level 7; FQHEIS Level 11) course which integrates patient-facing learning, enabling graduates to join the GOC register as a fully qualified optometrist. The registerable integrated master's replaces the BSc in Optometry (FHEQ Level 6; FQHEIS Level 10) and the last entry of students to a BSc in Optometry course is expected to be in 2024. Graduates completing (BSc) degrees approved under the [2015 GOC Handbook](#) (and associated temporary Handbook) may still qualify as full registrant optometrists by completing their GOC Stage 2 competencies via a GOC-approved placement experience.

This Subject Benchmark Statement is only intended to address integrated master's degree qualifications that enable graduates to register as a practising optometrist. The previous BSc Statement is subsumed within this integrated master's Subject Benchmark Statement but can be accessed separately via the [2019 Optometry Subject Benchmark Statement](#). It does not apply to non-registrable optometric and vision sciences qualifications.

Since September 2005, every student studying towards a degree in Optometry must, by law (Section 8A of [the Opticians Act 1989](#) and [The General Optical Council Registration Rules 2005](#)), maintain registration with the GOC. The aim of this approach is to safeguard the public, by ensuring that only those people meeting the standards required by the GOC can engage in the clinical practice that forms a mandatory part of the qualification.

At the current time, students who do not register, or who undertake clinical activities that are restricted by the Opticians Act while not registered, are breaking the law. Course providers have a responsibility to check that all students maintain GOC registration throughout their studies.

Additional sector reference points

Higher education providers are likely to consider other reference points in addition to this Statement in designing, delivering and reviewing courses. These may include requirements set out by PSRBs (for example, the General Optical Council), education and professional bodies (for example, Optometry Schools Council, Sector Partnership for Optical Knowledge and Education) and industry or employer expectations. QAA has also published [Advice and Guidance](#) to support the [Quality Code for Higher Education](#), which will be helpful when using this Statement - for example, in [course design](#), [learning and teaching](#), [external expertise](#) and [monitoring and evaluation](#).

Explanations of unfamiliar terms used in this Subject Benchmark Statement can be found in [QAA's Glossary](#). Sources of information about other requirements and examples of guidance and good practice are signposted within the Statement where appropriate.

1 Context and purposes of an Optometry degree

Context

1.1 Optometry combines scientific knowledge and patient-facing clinical skills to provide the best possible vision and visual health outcomes. Optometrists are registered healthcare professionals who specialise in the detection, diagnosis, management and rehabilitation of conditions affecting the eye and visual system.

1.2 Optometry graduates are employed in a wide variety of settings. In the UK, they are primarily employed in primary care community practice settings. However, they also have roles in a wide variety of settings, including NHS hospital eye services, private clinics, higher education providers, charities and industry. Optometrists may be lone practitioners, or part of a large multidisciplinary team, working alongside dispensing opticians, ophthalmologists, orthoptists and ophthalmic nurses. Many optometrists choose to combine roles across multiple diverse settings in a portfolio career that offers challenge and variety of experiences.

1.3 Optometrists are healthcare specialists trained to perform examinations for the purpose of detecting injury, disease or abnormality in the eye, visual system or elsewhere. However, the following functions are reserved to registered optometrists and general medical practitioners: sight testing, contact lens fitting, and dispensing of optical appliances to those under 16 years of age and/or registered as sight or severely sight impaired ([Opticians Act 1989 \[amended 2005\]](#)). Optometrists may also complete additional specialist, regulated qualifications that enable them to undertake therapeutic prescribing within their chosen scope of practice.

Purposes of an Optometry degree

1.4 The aims of degree courses in Optometry are to:

Develop students into professionals

- by giving the opportunity to gain the knowledge, develop the skills and demonstrate the behaviours required for safe and effective practice as a fully qualified registrant optometrist
- by ensuring graduates achieve GOC learning outcomes relating to person-centred care, communication, clinical care, ethics and standards, risk, leadership and management, and lifelong learning
- by encouraging a culture of continuing professional and service development
- by inspiring lifelong learning, evidence-based and reflective practice, which encourages graduates to maintain and develop their scope of practice to deliver the highest standards of care
- by exposing students to the multidisciplinary nature of visual healthcare by examining how optometrists engage with other professionals and the wider healthcare system

Benefit patients

- by generating a highly skilled workforce that improves visual health, and prevents and manages ocular disease and sight loss
- by contributing to the healthy ageing of the UK population through registrants who can deliver timely and accessible patient-centred visual healthcare to all

- by equipping graduates to apply service evaluation and audit approaches to enhance patient outcomes

Assure the development and growth of the profession

- by equipping graduates for a wide range of optical career opportunities beyond those which are directly patient-facing, for instance research, education, service delivery management, business ownership, industry and manufacturing
- by producing graduates who are enabled and motivated to develop innovative scientific and technological solutions to vision impairment and to reduce future health risk, and who will foster the deployment of next-generation technologies such as artificial intelligence
- by generating graduates that contribute to and influence global progress and improvements in eye care
- by producing graduates with the desire to share their learning and contribute to the education and development of the next generation of optical professionals.

Characteristics of an Optometry degree

1.5 Each higher education provider awarding a bachelor's or master's in Optometry defines the content, nature and organisation of its courses and modules. Consequently, while all courses are subject to the accreditation requirements of the regulatory body, Optometry courses offered by individual higher education providers will each have their own unique characteristics.

1.6 Optometry requires the application of scientific and clinical precepts to patient management. Accordingly, Optometry courses include a substantial focus on clinical skills development underpinned by theoretical scientific knowledge and understanding.

1.7 During a course, students will develop the capability to manage increasingly complex patients, typically through a spiral approach to curriculum construction. As a consequence, early parts of the course will typically include significant theoretical learning accompanied by clinical experiences delivered through observation and simulation. The level of complexity and learner autonomy is thus developed over time.

1.8 Additional specialist-level qualifications, providing the knowledge and skills required to manage more complex ocular conditions, or to become an independent prescribing optometrist, may also be incorporated into the degree. Local and devolved nation commissioning systems may require, or offer funding to support, such additional specialisms or competencies to be incorporated.

Equality, diversity and inclusion

1.9 This Subject Benchmark Statement embeds consideration of equality and diversity matters throughout. Promoting equality of opportunity involves treating everyone with equal dignity and respect, while also raising aspirations and supporting achievement for people with diverse abilities, identities and backgrounds. An inclusive environment for learning anticipates the varied requirements of learners and aims to ensure that all students have equal access to educational opportunities. Optometry course providers, staff and students all have a role in, and responsibility for, promoting equality.

1.10 Optometry practice relies upon accurate and objective observation. Practitioners also take responsibility for providing care that is appropriate to the needs of all patients. Accordingly, optometrists strike a balance between evidence-based decision-making and

the needs of the individual receiving care. Graduates are able to navigate the need to personalise their clinical interactions to provide factually grounded but patient-centred care.

1.11 Curricula should recognise the discoveries and contributions of vision scientists, and optical and other healthcare professionals with diverse backgrounds and identities and acknowledge that different cultural backgrounds may provide different insights and lead to new discoveries. Furthermore, learners should have the opportunity to explore Optometry-related topics that inspire them, and that allow them to situate their knowledge in the light of their aspirations, lived experiences or cultural backgrounds.

1.12 Students are also encouraged to evaluate both the positive and negative impacts of the potential applications of optometric innovations. Equally, reflection on the impacts of their practice and that of others to drive improvements in standards of care forms a core part of enabling positive outcomes for all.

1.13 Curriculum content should expose students to a range of patient experiences and presentations to enable successful care to be delivered across the UK.

Accessibility

1.14 Equality of opportunity involves enabling access for people who have differing individual requirements, as well as eliminating arbitrary and unnecessary barriers to successful learning. In accordance with this, Optometry courses should ensure that all students are offered learning and assessment opportunities that are equally accessible to them, by means of inclusive design wherever possible and by means of reasonable individual adjustments where necessary and appropriate. It should be noted that assessment design and reasonable adjustments should always ensure that the patient is protected, and the standards of the regulator are met, while also meeting obligations under the *Equality Act 2010*.

1.15 Learning and assessment experiences should be diverse to both reflect the variety of the subject and to increase accessibility for all. Indeed, to face the challenges of the twenty-first century, the subject needs as diverse a body of students as possible to contribute new ideas and innovations, drawn from the different insights and perspectives from all learners, regardless of disability or circumstances.

1.16 Optometry course teams should pay attention to ensuring that curricula, pedagogy, assessments and clinical elements of courses are designed to be accessible, without compromising patient safety. Learners are supported to develop an appropriate range of verbal, spatial and numerical skills alongside other transferable skills required to successfully complete their course and increase their scope of clinical practice.

Education for sustainable development

1.17 Optometry is central to improving diverse health outcomes, and courses in Optometry should inspire future practitioners to engage with the ongoing process of addressing personal, human and global challenges to create better visual health and life experiences for all. Optometry courses may include topics drawn from the [United Nations Sustainable Development Goals](#), particularly those associated with health and the environment. Education for sustainable development is thus an integral part of the study of Optometry, ensuring that graduates are equipped with the knowledge, skills and competencies that can enable them to generate innovative solutions to complex challenges, and contribute to the improvement of community and global health. More information on education for sustainable development can be found in the [QAA](#) and [Advance HE](#) guidance.

Employability, enterprise and entrepreneurship

1.18 All Optometry degree courses should equip students with the knowledge, skills, behaviours, characteristics and attributes that prepare them for life after graduation in an increasingly complex and ever-changing social, cultural and economic environment and enable them to make a meaningful and effective contribution to society. Optometry graduates should be equipped not only with the discipline-specific knowledge and professional skills necessary for careers in clinical practice, but also the wider attributes to prepare them for careers in other roles and sectors.

1.19 Enterprise and entrepreneurship education should be integrated into Optometry courses, particularly since many optometrists operate in commercial, manufacturing or charitable environments, and practice ownership/franchising is commonplace among registrants.

1.20 Enterprise combines creativity, originality and innovation, adaptability and reflection, identification of and solutions to problems, expression, communication and practical action; all of which are central to the practice of Optometry.

1.21 Entrepreneurship is the application of those enterprise behaviours to create social, cultural or economic value. Entrepreneurship can take many forms. It is not restricted to commercial activity or wealth creation, but includes activity across the private, public and third sectors, all of which offer optical career opportunities. Beyond employment, entrepreneurship education provides competencies to help students lead a rewarding, self-determined professional life, well placed to add social, cultural and economic value to society through their careers.

1.22 Enterprise and entrepreneurship education may span a range of topics, including the development of business plans and project management, the assessment of benefits, the identification of stakeholders, product design, the balance between cost, price and wider value, financial, environmental or personal sustainability, commercialisation and intellectual property. Ideally, but not necessarily, each of these topics may be illustrated and explored through optometric scenarios. More information on enterprise and entrepreneurship education can be found in the QAA document [Enterprise and Entrepreneurship Education: Guidance for UK Higher Education Providers](#).

2 Distinctive features of an Optometry degree

Design

2.1 There are a number of admission routes to an Optometry degree. The majority of courses require A Levels (Scottish Highers/Advanced Highers or equivalent) in Biology, Physics, Chemistry and/or Maths, but many courses provide alternatives for those choosing to study Optometry. Introduction to Optometry courses (foundation courses) are available that enable applicants without the standard entry criteria to develop foundational knowledge prior to progressing onto the master's degree course.

2.2 Graduates must complete an extensive period of integrated learning in practice to meet the requirements of the regulator. Patient-facing learning opportunities (real and simulated) will increase in volume and complexity as students progress through the course. The length and breadth of clinical experiences will vary, with periods of placement/assessed professional practice taking place in a range of settings (for example, community, hospital and/or higher education provider).

2.3 Repeated experiences under controlled conditions will develop students until they are assessed as ready to undertake all the tasks of an optometrist, under delegation from, and under the supervision of, a fully qualified registrant. Readiness for full registration and independent practice as an optometrist will be assessed as part of this experience.

2.4 Early clinical experiences are thus likely to be campus-based, or involve short-term visits to practices, with the latter stages of the course culminating in one or more work-based placements over extended periods, often in locations distant from the higher education provider setting.

2.5 Regulatory requirements result in developing and assessing Optometry students in seven categories using a spiral curriculum. These categories are: (i) Person-centred Care, (ii) Communication, (iii) Clinical Practice, (iv) Ethics and Standards, (v) Risk, (vi) Leadership and Management, and (vii) Lifelong Learning (see the [General Optical Council's](#) Outcomes for GOC registration, Standards for Approved Qualifications, and Quality Assurance and Enhancement).

2.6 Optometrists completing an integrated master's degree may achieve additional professional qualifications on graduation, reflecting different levels of training and scope of practice. These additional specialist-level qualifications which provide the knowledge and skills required to manage more complex ocular conditions, or to become, for example, an independent prescribing optometrist, may also be incorporated into the latter parts of the degree. Local and devolved nation commissioning systems may require, or offer funding to support, such additional specialisms or competencies to be incorporated.

Progression

2.7 Over the duration of the degree, an Optometry student will progress from one level of study to the next, in line with the regulations and processes for each higher education institution and the regulator. However, it is expected that each level would see the attainment of knowledge, expertise and experience that builds towards the final achievement of meeting the threshold-level subject-specific and generic skills listed in this Statement. This will usually include successful completion and the award of credit for the full range of learning and assessment, including any practical components.

2.8 Students do not normally study Optometry as part of a combined or joint degree with other subjects. However, they may explore the overlap between Optometry and other disciplines, creating further opportunities for interdisciplinary study.

2.9 Optometry courses should be designed to promote academic and personal development. The curriculum should be based on [Miller's pyramid](#) (Miller, G E (1990)), enabling students to initially apply their knowledge and understanding of simple concepts to solve well-defined problems. As the course advances, they should develop confidence in their subject-specific knowledge and understanding, making connections between more challenging and complex patient scenarios that enable them to analyse and evaluate clinical information and problem-solve effectively.

2.10 Learning, teaching and assessment methods should encourage a progressive acquisition of subject knowledge, behaviours and skills. Students will move gradually from highly structured tasks that 'scaffold' learning and support the transition into higher education to managing their own learning and undertaking independent tasks. This progression should be reinforced by strategies that:

- recognise the diversity of prior experience and the challenges of transition
- provide opportunity for all students to achieve their potential and realise their ambitions, irrespective of their background or motivations for studying Optometry
- support academic and personal development in addition to learning
- are matched to the course learning outcomes or competencies for each level of study.

2.11 Students on an Optometry degree course will progress from one level or academic stage to the next by satisfying the regulations and processes for each institution. Subject to the regulations for the institution, students should usually be offered an opportunity to re-sit any failed assessments, particularly where failure prevents either progression or eligibility for an award. Students who are not eligible to progress, or who choose to leave a course early, may be eligible for a Certificate of Higher Education, a Diploma of Higher Education, or a Pass degree, depending on the amount and type of credit successfully completed. Integrated master's degrees typically also offer an alternative non-registerable degree as an exit award for those who have attained sufficient credit but do not complete the programme. In such instances where students exit without a master's degree they will not be eligible to register as an optometrist.

Flexibility

2.12 Higher education providers structure the courses they offer to support students' learning and attainment. Depending on the educational mission of the provider and the scope of practice, this may include opportunities to engage in learning on campus, online, and/or through hybrid learning, arranged in terms, by semester, year-long, block or other formats.

2.13 Optometry courses utilise diverse modes of delivery. The range of delivery methods (both face-to-face and digital) should be diverse and appropriate for the needs of the learner, the taught material and their assessments.

2.14 Given that Optometry students must acquire clinical, patient-facing and reflective skills, courses must contain practical sessions supported by opportunities to reflect utilising a range of (real and simulated) environments, ensuring an appropriate scope of practice.

2.15 Courses also need to be sufficiently flexible to be able to respond to and anticipate change, both in the advancement of the subject and its interface with other disciplines, and in the needs of its graduates and their employers, as required. Courses should also be sufficiently resilient to be able to adapt to unforeseen circumstances and other challenges that may arise in the future.

2.16 Courses should be sufficiently flexible to be able to respond to changes in technology, including use of artificial intelligence.

Partnership

2.17 Educational institutions may operate in academic partnerships with placement providers, such as the professional body, employers in hospital or community settings (for example, high street practice), or other relevant partners, to provide training elements of the degree. Providers are expected to develop processes for oversight to ensure that partners involved in degree delivery meet all relevant standards and expectations. This should include effective communication and regular consultation to ensure that courses continue to meet employers' needs.

2.18 Courses should work with relevant stakeholders to incorporate work-based or simulated clinical practice where possible. Enhancing student employability is a fundamental outcome for Optometry courses, which should have a clear strategy for students to develop employment-focused skills and engage with employers. Students may engage with employers through placements of various durations during which they are fully immersed in the workplace and experience the day-to-day routine of employment.

2.19 Student societies provide excellent opportunities for students to collaborate with their peers both socially and professionally. Societies contribute to a vibrant learning community, and range in their engagement activities from working within the university to local communities and professional bodies. Students can also engage with relevant national or international learned societies and professional bodies. Benefits of engagement include access to publications, training events, careers information, grants and networking opportunities.

2.20 Students should expect to be embraced as partners within their own courses and be involved in co-creation of their curriculum. Additionally, the student voice should play a significant role in course development, delivery, review and the overall student experience within Optometry. The student voice can be listened to through departmental representatives, module evaluation and external student surveys such as the National Student Survey (NSS); students provide feedback, which in turn supports their own learning. Furthermore, students can feed into, and collaborate with, their students' union, and many higher education providers offer public social media platforms to receive feedback from students and discuss current trends in the student experience.

2.21 Patients are embraced as partners. They are consulted in design, review and monitoring of courses. This ensures a patient-centred approach to Optometry education, promoting empathy, understanding and responsiveness to the diverse needs of individuals seeking eye care services.

Monitoring and review

2.22 Degree-awarding bodies and their collaborative partners routinely collect and analyse information and undertake periodic course review according to their own needs. They draw on a range of external reference points, including this Statement, to ensure that their provision aligns with sector norms. Monitoring and evaluation are a periodic assessment of

a course, conducted internally or by external independent evaluators. Evaluation uses information from both current and historic monitoring to develop an understanding of student achievement, or inform future course planning, In addition to the [QAA advice and guidance](#), further guidance with regard to the monitoring of placement activity is provided by [Universities UK \(UUK\) and the Office for Students \(OfS\)](#).

2.23 Externality is an essential component of the quality assurance system in the UK. Higher education providers will use external reviewers as part of periodic review to gain an external perspective on any proposed changes and ensure threshold standards are achieved and content is appropriate for the subject.

2.24 Monitoring and review should include feedback from current students, external stakeholders, such as employers and placement providers, and alumni, to influence curriculum design, content and delivery. Evaluation of student performance data and various measures of the student experience should be integrated with expert review. Periodic review should enable the embedding of Education for Sustainable Development (ESD) and equality, diversity and inclusion (EDI) throughout the curriculum.

2.25 The external examiner system in use across the UK higher education sector also helps to ensure consistency in the way academic standards are secured by degree-awarding bodies. Typically, external examiners will be asked to comment on the types, principles and purposes of assessments being offered to students. They will consider the types of modules on offer to students, the outcomes of each cohort and how these compare to similar provision offered by other UK higher education providers. External examiners are asked to produce a report each year and make recommendations for changes to modules and assessments (where appropriate). Subject Benchmark Statements, such as this one, can play an important role in supporting external examiners in advising on whether threshold standards are being met in a specific subject area. Undergraduate Optometry degree courses usually require more than one external examiner to cover the breadth of material covered.

2.26 Course teams conduct regular monitoring and evaluation, with the support of independent evaluators and student feedback, to ensure continuous quality enhancement. Evaluation of student performance data as well as student feedback and the student voice, alongside other measures of the student experience, should be integrated with expert review, including that provided by external examiners, to ensure that curricula remain current, engaging and accessible. Historic data may also enable trend analyses to measure progress and identify emerging issues. Students and graduates, as well as employers, service users and relevant professional bodies, should be actively involved in designing and delivering enhancements to courses.

2.27 An Optometry course will also require evaluation and accreditation from professional and regulatory bodies, depending on academic level. These processes are usually conducted through a combination of site visits and desk-based reviews.

3 Content, structure and delivery

Content

3.1 Optometry courses cover a variety of topics across (i) basic and clinical sciences; (ii) law, professional standards and ethics, and (iii) leadership and management. Courses also provide the practical experience and clinical placement opportunities to develop the knowledge, behaviours and skills to practice as an optometrist. For professional registration, graduates must meet the required General Optical Council (GOC) outcomes and standards to join the register as a fully qualified optometrist. In doing this, courses should equip graduates with key skills to prepare them for current and future practice, including:

- working within relevant scope of practice to ensure safe, lawful and effective patient-centred care
- critical thinking and evidence-based clinical decision-making
- critical appraisal of the research literature and other sources of information
- effective verbal and written communication skills
- reflective practice to support continuing professional development.

3.2 The scientific and theoretical content covered in Optometry courses generally includes, but is not limited to:

- geometrical, physical and visual optics, applied to the understanding of the correction of vision, management of refractive and oculomotor conditions, optical instrumentation and ophthalmic imaging technologies
- design, materials and optical principles of devices for correction of vision, including spectacles, contact lenses, low vision aids and other ophthalmic appliances, including occupational, sporting and protective ophthalmic appliances and relevant standards
- visual perception and psychophysics relating to the assessment of visual function
- general and ocular biology in health and disease, including the pathological mechanisms of ocular disorders and systemic conditions which may have ocular manifestations, and the therapeutic strategies applicable to these disease states
- ophthalmic imaging technologies to facilitate the examination of ocular, orbital and visual pathway structures, including the application of decision support systems (involving, for example, artificial intelligence/machine learning) to aid the detection and management of pathology
- normal visual development and the effects of ageing on the structure and functions of the eye and visual system
- general principles of pharmacology, toxicology and therapeutics
- common systemic medications and the potential for adverse ocular reactions to medication
- consideration of cautions, contraindications and side effects of ophthalmic drugs to aid investigation, diagnosis and treatment of ocular conditions and the legal requirements for the use and supply of these drugs
- descriptive statistics, inferential statistics, probability theory, regression analysis, experimental design, non-parametric methods

- statute and case law, consent, confidentiality, research ethics, professional boundaries, conflict of interest, cultural competence
- patient-centred communication, inter-professional communication, breaking bad news, conflict resolution, electronic communication, non-verbal communication
- artificial intelligence, supervised/unsupervised algorithms, deep learning, neural networks, model evaluation and validation, ethical considerations
- social determinants of eye health, eye health disparities, intersectionality, bias, disability.

3.3 The clinical content covered in Optometry courses generally includes, but is not limited to:

- history-taking skills
- methods for the assessment of visual function
- techniques and procedures to examine the eye and visual system
- assimilation and interpretation of data to inform clinical decision-making and care management
- prescribing and dispensing of spectacles, contact lenses, low vision aids and other optical appliances
- diagnosis, treatment and management of ocular abnormalities and disease
- evidence-based practice and critical appraisal to facilitate the integration of research evidence into clinical decision-making.

3.4 The content and clinical experience within Optometry courses ensures that the outcomes specified by the GOC for professional registration are met. These are contained within the [Requirements for Approved Qualifications in Optometry or Dispensing Optics](#). The outcomes for registration are organised under seven categories:

- i Person-centred care
- ii Communication
- iii Clinical practice
- iv Ethics and standards
- v Risk
- vi Leadership and management
- vii Lifelong learning.

Each category references the GOC's Standards of Practice, which students will be expected to meet once they join the register.

3.5 The GOC outcomes for registration requires that graduates are able to:

- employ an adaptive and personalised approach to patient care, taking into account social, clinical, personal and cultural needs
- communicate effectively with patients and other professionals
- undertake appropriate ocular examinations and devise evidence-informed management plans within the limits of their scope of practice and competence

- uphold high equitable professional standards and ethics and work within current legislation
- identify risks to patients, colleagues and others and provide sufficient safeguards
- provide clinical leadership, promoting and engaging with clinical governance requirements, service improvements and national public health initiatives
- keep knowledge and skills up to date and evaluate own performance to improve the quality of care for patients.

Teaching and learning

3.6 Teaching and learning strategies used within Optometry courses are designed to develop the knowledge and understanding and clinical and professional skills that are required of a registered optometrist. It is recognised that course providers may offer differing approaches to teaching and learning to ensure that students remain engaged, motivated and challenged to learn. This Subject Benchmark Statement therefore does not aim to be prescriptive about specific methods that should be used in supporting the achievement of module and course learning outcomes, but, rather, provides the basis for reflection on the range of teaching and learning activities that may be appropriate. A common feature across courses in Optometry is the provision of both a variety of authentic learning experiences within a clinical setting and opportunities for developing reflective practice.

3.7 As students progress through a course of study, learning and teaching approaches will move from those which are supported and structured, towards more independent and self-directed activities, whereby students become increasingly responsible for their own learning, in preparation for their careers as healthcare professionals.

3.8 Teaching and learning strategies used in Optometry courses are not fixed and should be responsive to advances in clinical practice, technology and research around teaching pedagogy. Staff who contribute to student learning keep up to date and have regular access to both subject-specific and educational professional development resources and opportunities.

3.9 Teaching and learning strategies are student-centred and utilise a range of delivery methods, as appropriate, to facilitate the integration of theory and practice. Teaching and learning activities may be synchronous, asynchronous, or may involve a blend of modes. Synchronous delivery may be face-to-face, remote or a hybrid of these, as appropriate, to increase accessibility. Asynchronous learning is typically delivered using a range of digital tools and techniques. Live sessions may be recorded for self-directed study and consolidation of learning. Experiential, practical learning will take place across a range of settings, including community Optometry practice, hospital eye departments, domiciliary eyecare providers and industry partners. Experiential learning may be supplemented using simulation or virtual clinical encounters. Independent learning can be encouraged using pre and post-session student activities.

3.10 Learning activities may include, but are not limited to:

- lectures
- tutorials and seminars
- laboratory classes
- practical skills workshops
- case-based peer discussion and review
- problem-based learning

- simulations
- team-based learning
- work-based placements and other appropriate professional experience
- workshops, including sessions led by employers and external stakeholders
- peer and collaborative learning, including the use of social media
- interactive sessions, including polls, quizzes and poster presentations
- self-directed study
- textbooks and digital multimedia
- reflective practice and portfolio building
- virtual and simulated clinical encounters
- recordings and broadcasts
- pre and post-session exercises
- peer and collaborative learning, including the use of discussion forums and quizzes
- research projects.

3.11 Equality of opportunity involves enabling access for people who have differing individual requirements as well as removing barriers to successful learning. Optometry courses ensure that students are offered learning and assessment opportunities that are equally accessible to them, by means of inclusive design and/or reasonable adjustments wherever possible and appropriate.

Assessment

3.12 The assessment of students' achievement in Optometry constructively aligns with learning outcomes and is appropriate to the knowledge, abilities, academic and professional skills that the course aims to develop. All GOC outcomes must be assessed and mapped. The diversity of assessment deployed across Optometry courses should reflect this. Assessment should be authentic, rigorous and relevant to clinical practice. Wherever possible, it should support the development of skills and concepts required specifically for a career in Optometry but also of more general skills that enhance the wider employability of Optometry graduates. It should also be able to discriminate between achievement at threshold and higher levels.

3.13 Assessment should seek to appropriately balance:

- validity
- reliability
- equitability
- efficiency
- transparency
- authenticity.

3.14 It should be:

- constructively aligned to the learning outcomes
- designed to provide formative as well as summative opportunities, as well as mechanisms for feedback and feedforward
- inclusive and accessible.

3.15 Higher education providers should ensure their assessment design and methods are evidence-based. Consideration should also be given to standard setting and moderation.

3.16 The assessment type should be aligned to the relevant layer of Miller's pyramid of clinical competence. This is an established competence and assessment hierarchy used in health education that incorporates a series of hierarchical levels: knows; knows how; shows how; and does.

- **knows** - knowledge that may be applied in the future
- **knows how** - knows how to apply knowledge and skills in a defined context or situation
- **shows how** - applies knowledge, skills and behaviour in a simulated environment or in real life repeatedly and reliably
- **does** - acts independently and consistently in a complex situation of an everyday or familiar context repeatedly and reliably.

3.17 Evidence on which the assessment of student achievement is based includes (but is not limited to):

Written

- dissertation/systematic review/research proposals
- workbooks
- practical reports
- essays
- case record review/report
- reflective writing
- journaling/logbook evidencing patient encounters
- problem-solving tasks
- seen and unseen examinations which may include:
 - multiple choice questions (MCQs)
 - short answer questions (SAQs)
- essays
- clinical decision making
- visual recognition and interpretation of clinical signs (VRICS).

Practical

- verbal and/or non-verbal/poster presentations
- case presentation/discussion
- simulated patient assessments
- directly observed assessment of clinical encounter
- peer assessment
- objective structured clinical examinations (OSCEs)
- entrustable professional activities (EPAs).

3.18 At registerable master's level, there is a strong emphasis on requiring students to apply their knowledge of Optometry to the solution of unfamiliar problems. Assessment of the range of research skills is also considered crucial in determining whether master's level learning outcomes have been achieved. Students should be able to demonstrate they are capable of practising evidence-based Optometry.

Feedback and feedforward

3.19 Feedback and feedforward should be personal/individual, understandable, empowering, manageable and developmental. It should be timely, relevant to the

assessment brief and accompanied by access to interpretative support/advice. Feedback should allow students the opportunity for supportive reflection on their academic and professional development. The nature, extent and timing of feedback for each assessment task should be made clear in advance.

3.20 Feedback plays a crucial role in providing learners with valuable information regarding their progress towards their learning goals. It empowers them to assess their achievements, recognise any knowledge gaps or misunderstandings, and take necessary steps to address them. This input can originate from various sources, including tutors, peers, mentors and supervisors, or through self-assessment. While feedback primarily focuses on evaluating current performance, feedforward takes a proactive approach by looking ahead to future assignments.

3.21 By providing constructive guidance on how to enhance performance, feedforward enables learners to make improvement. When feedback and feedforward are combined, they create a powerful synergy that ensures a positive developmental impact on learning. However, for this impact to be realised, it is essential that students have the opportunity and support to develop their evaluative skills, enabling them to effectively utilise the feedback they receive. When discussing feedback, the psychological safety of the learner should always be considered.

4 Benchmark standards

Introduction

4.1 This Subject Benchmark Statement sets out the typical threshold that a student will have demonstrated when they are awarded a master's degree in Optometry. Demonstrating these standards over time will show that a student has achieved the range of knowledge, skills and behaviours expected of UK graduates in Optometry.

4.2 Each higher education provider has its own method of determining what appropriate evidence of this achievement will be, and should refer to [Annex D in The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies](#).

Threshold level

4.3 This Statement provides a reference for the maintenance of the threshold standard of Optometry degrees and defines the abilities expected of graduates entering a regulated healthcare profession.

Subject knowledge, understanding and skills

4.4 The GOC sets out the [knowledge, skills, and behaviours](#) a graduate must demonstrate. These must be developed over a GOC mandated period of learning and clinical experience. The GOC learning outcomes are organised under seven categories. These are reproduced below with a summary statement of threshold level.

Person-centred care: Graduates should possess the skill to apply a flexible and individualised approach to patient care, taking into account the patient's social, clinical, personal and cultural requirements, all while actively questioning and addressing any conscious and unconscious biases they may have. When necessary, they should be capable of collaborating efficiently with other professionals.

Communication: Graduates need to demonstrate strong communication skills, both with patients and other professionals. They should be adaptable in their approach, adjusting their style to suit the specific needs of each individual and facilitating the attainment of desired outcomes. This involves proficiency in written and verbal communication, as well as the ability to perceive and understand non-verbal cues.

Clinical practice: Graduates work within their individual scope of practice, assuming professional accountability and personal responsibility for achieving desired patient outcomes. They must operate within their limits of competence and exercise professional judgment while making evidence-informed clinical decisions for all patients.

Ethics and standards: Graduates uphold high professional standards and ethics, and are expected to demonstrate honesty, integrity and a commitment to lifelong learning. They bear the responsibility of safeguarding the care and safety of patients and the public. By adhering to their scope of practice and current legislation, such as the *Opticians Act 1989* and the GOC Standards of Practice for Optometrists, graduates ensure that their own practice, including supervised and delegated activities, complies with all legal and professional obligations and promotes fairness for all.

Risk: Graduates bear the responsibility for safeguarding patients, colleagues and others, taking proactive measures to protect them from harm. They must possess a clear understanding of their own capabilities and operate within their competence, acknowledging that their professional practice evolves over time. Graduates should be

adept at recognising situations where individuals may be at risk and should exhibit transparency and candour in admitting mistakes, thereby creating a safe environment for patients and the public.

Leadership and management: Graduates must exercise clinical leadership within the context of their scope of practice. They should operate within their area of expertise and competence to achieve desired patient outcomes. They will collaborate with healthcare teams and other professionals to actively support and participate in clinical governance requirements, service enhancements, and local and national public health initiatives.

Lifelong learning: Graduates are personally accountable for their continuing professional development, ensuring the maintenance of up-to-date knowledge and skills within their scope of practice. They must undertake an ongoing process of reflection to evaluate their own performance and that of their peers, identifying areas for growth and improvement.

Generic skills

4.5 On graduating with a master's degree in Optometry, students should be able to demonstrate the following generic skills. These include the ability to:

- identify issues, questions and problems
- apply knowledge, understanding and critical thinking to provide evidence-based decision-making
- identify gaps in their own knowledge and acquire new knowledge
- critically appraise and apply the research literature and other sources of information
- demonstrate an understanding of how established techniques of research and enquiry are used to create and interpret knowledge in a discipline
- engage in reflective practice to support continuing professional development
- demonstrate effective and appropriate verbal and non-verbal communication skills
- work with a range of data and engage with a range of forms of digital technology to collate and analyse information
- adapt to changing technology
- work collaboratively, including undertaking work in a group or team and participating in discussions
- integrate relevant theory and practice in the areas of equality, diversity and inclusion into the working environment
- internalise and act on the importance of well-being, mental health and emotions and their relationship with their learning
- apply sustainable approaches to working, including waste management, recycling, and environmentally conscious working procedures and policies
- identify, question and challenge cultural and ethnocentric assumptions and premises, and appreciate other ways of being in the world
- demonstrate an awareness of business and commercial operations
- display creativity and originality both in problem-solving and in the development and communication of ideas and arguments.

5 List of references and further resources

General Optical Council

<https://optical.org/>

General Optical Council (2015) Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry

<https://optical.org/media/ziadauzb/Optomtry-handbook-2015.pdf>

General Optical Council (2015) Optometry Handbook

<https://optical.org/en/publications/Optomtry-handbook-2015/>

General Optical Council Regulated Qualification Framework Project

www.qaa.ac.uk/docs/qaa/training-and-consultancy/general-optical-council-regulated-qualification-framework-project-report.pdf

General Optical Council (2023) Requirements for Approved Qualifications in Optometry or Dispensing Optics

https://optical.org/media/vatfn2qi/optom_do-requirements-revised-may-2023.pdf

General Optical Council (2021) Requirements for Approved Qualifications in Optometry or Dispensing Optics

https://optical.org/media/u5laljcz/requirements_for_approved_qualifications_in_Optomtry_and_dispensing_optics_pdf-8.pdf

General Optical Council (2016) Standards of practice for optometrists and dispensing opticians

<https://optical.org/optomanddostandards/>

General Optical Council (2016) Standards for Optical Students

https://optical.org/media/ryehzzyf/standards_for_optical_students_web.pdf

Harden, R M (1999) What is a spiral curriculum?, *Medical Teacher*, vol 21, no 2, pp 141-143

Higher Education Academy (2016) Framework for embedding employability in higher education

www.advance-he.ac.uk/knowledge-hub/framework-embedding-employability-higher-education

Miller, G E (1990) The Assessment of Clinical Skills/Competence/Performance, *Academic Medicine*, vol 65, no 9, pp S63-7

Office for Students (2022) The Regulatory Framework for Higher Education in England,

www.officeforstudents.org.uk/publications/securing-student-success-regulatory-framework-for-higher-education-in-england/

Opticians Act (1989)

www.legislation.gov.uk/ukpga/1989/44/contents

QAA (2024) The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies

www.qaa.ac.uk/the-quality-code/qualifications-frameworks

QAA and Advance HE (2021) Education for Sustainable Development Guidance
www.qaa.ac.uk/the-quality-code/education-for-sustainable-development

QAA The UK Quality Code for Higher Education
www.qaa.ac.uk/the-quality-code

QAA (2018) Enterprise and Entrepreneurship Education: Guidance for UK Higher Education Providers
www.qaa.ac.uk/the-quality-code/enterprise-and-entrepreneurship-education

QAA (2022) Glossary
www.qaa.ac.uk/glossary

QAA, Quality Enhancement Framework (Scotland)
www.qaa.ac.uk/scotland/quality-enhancement-framework

QAA (2021) Quality Enhancement Review (Wales)
www.qaa.ac.uk/reviewing-higher-education/types-of-review/quality-enhancement-review

QAA (2018) Quality Code Advice and Guidance
www.qaa.ac.uk/the-quality-code/advice-and-guidance

The College of Optometrists, SPOKE: Sector Partnership for Optical Knowledge and Education
www.college-optometrists.org/qualifying/sector-partnership-for-optical-knowledge-and-educa

United Nations (2015) Sustainable Development Goals
<https://sdgs.un.org/goals>

Witheridge, A, Ferns, G, Scott-Smith, W (2019) Revisiting Miller's pyramid in medical education: the gap between traditional assessment and diagnostic reasoning, *International Journal of Medicine*
www.ncbi.nlm.nih.gov/pmc/articles/PMC7246123/pdf/ijme-10-191.pdf

6 Membership of the Advisory Group

Membership of the Advisory Group for the Subject Benchmark Statement for Optometry 2024

Professor Joy Myint (Chair)	Cardiff University
Professor Irene Ctori (Deputy Chair)	City, University of London
Mr Will Holmes (Deputy Chair)	The University of Manchester
Mr Thomas Bonfield	Wilkinson Eyewear Studio and Maidstone Hospital
Dr Christian French	Association for Independent Optometrists and Dispensing Opticians (AIO)
Dr Kirsten Hamilton-Maxwell	Cardiff University
Dr Michelle Hennelly	City, University of London
Miss Laura Josephs	University of Manchester
Mr Kevin Kendall	QAA Officer
Dr Graeme Kennedy	Glasgow Caledonian University
Professor John Lawrenson	City, University of London
Professor Gunter Loffler	Glasgow Caledonian University
Mrs Rupal Lovell-Patel	University of Central Lancashire
Dr Pdraig Mulholland	Ulster University
Prof Lizzy Ostler	College of Optometrists
Mr Ben Pearson	General Optical Council
Dr Catherine Porter	The University of Manchester
Dr Hema Radhakrishnan	The University of Manchester
Professor Kathryn Saunders	Ulster University
Ms Laura Sperry	QAA Coordinator
Professor James Wolffsohn	Aston University

Membership of the review group for the Subject Benchmark Statement for Optometry (2019)

The fourth edition, published in 2019, was revised by QAA to align the content with the revised UK Quality Code for Higher Education, published in 2018. Proposed revisions were checked and verified by members of the review group of the Subject Benchmark Statement for Optometry from 2015.

Professor Frank Eperjesi	Aston University
Professor Niall Strang	Glasgow Caledonian University
Mr Simon Bullock	QAA

Membership of the review group for the Subject Benchmark Statement for Optometry (2014)

Dr Frank Eperjesi	Aston University
Dr Katherine Evans	Cardiff University
Dr James Gilchrist (Chair)	Optometry Schools Council and University of Bradford
Mr William Holmes	University of Manchester
Professor John Lawrenson	City University London
Professor Edward Mallen	University of Bradford
Professor Kathryn Saunders	Ulster University
Dr John Siderov	Anglia Ruskin University
Dr Luisa Simo	University of Plymouth

Professor Niall Strang Glasgow Caledonian University

Professional, statutory and regulatory body representatives

Linda Ford General Optical Council

Employer representatives

Mr Prakash Rughani Vision Care

Jane Gray Jane Gray Eye Care

Membership of the review group for the Subject Benchmark Statement for Optometry (2007)

Details provided below are as published in the second edition of the Subject Benchmark Statement for Optometry.

Dr Adrian Jennings	University of Manchester
Professor John Lawrenson	City University London
Professor Rachel North	Cardiff University
Dr Kathryn Saunders	Ulster University
Mrs Dian Taylor	General Optical Council
Professor Alan Tomlinson	Glasgow Caledonian University
Professor Barry Winn (Chair)	University of Hull

Membership of the original benchmarking group for the Subject Benchmark Statement for Optometry (2002)

Details provided below are as published in the original Subject Benchmark Statement for Optometry.

Professor Michael Boulton	Cardiff University
Professor Bernard Gilmartin	Aston University
Dr Adrian Jennings	University of Manchester
Professor Daniel O'Leary	Anglia Polytechnic University
Professor Alan Tomlinson	Glasgow Caledonian University
Professor Barry Winn (Chair)	University of Bradford
Professor Edwin Woodward	City University London
Mrs Dian Taylor	General Optical Council

Fifth edition – April 2024

© The Quality Assurance Agency for Higher Education 2024
Southgate House, Southgate Street, Gloucester GL1 1UB
Registered charity numbers 1062746 and SC037786
www.qaa.ac.uk