

General Optical Council Regulated Qualification Framework Project

Report and Recommendations on Frameworks Level

December 2020

Co-commissioned by the Association of Dispensing Opticians, College of Optometrists, General Optical Council, Opticians Academic Schools Council and Optometry Schools Council for the General Optical Council's Education Strategic Review



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Executive summary

QAA was commissioned by the General Optical Council on behalf of the Association of Dispensing Opticians (ABDO), College of Optometrists (CoO), General Optical Council (GOC), Opticians Academic Schools Council (OASC) and Optometry School Council (OSC) to undertake a review of the optometry and ophthalmic dispensing/dispensing opticians' provision with a view to recommending the Regulated Qualification Framework (RQF)/Framework for Higher Education Qualification (FHEQ) level at which the two qualifications should sit.

A multi-method research approach was conducted in September and October 2020 resulting in this summary report and two recommendations.

The recommendations are based on: a Level 6/10 threshold being broadly in line with other professions - who expect a base of underpinning knowledge, theoretical understanding and analytical skills from new entrants (and those professions with a more clinical and/or science basis tending towards the master's level); the views of providers as to the appropriate level for each qualification; and views from students and employers - who saw risks to the public and confidence in the professions if standards were not maintained or enhanced. We therefore recommend that qualifications approved by the GOC for entry onto the register should be set for:

- **optometrists at Level 7/11**
- **dispensing opticians (ophthalmic dispensing, or DO) at Level 6/10.**

We also recommend that new qualifications approved by GOC in the short term (that is, academic years 2020-21/2021-22) should follow the new levels rather than having different short and longer-term options, and providers should be given between three and five years to revise their existing courses. However, the potential implications of such an approach, including unintended consequences for any party or stakeholder type (including existing providers, learners and employers), needs to be considered carefully.

Introduction

In September 2020, the Association of Dispensing Opticians (ABDO), College of Optometrists (CoO), General Optical Council (GOC), Opticians Academic Schools Council (OASC) and Optometry School Council (OSC) contracted with the Quality Assurance Agency for Higher Education (QAA) to gather evidence and make two recommendations regarding the most appropriate RQF level (and equivalent) for qualifications approved by the GOC for admittance to its register. QAA undertook a short research project which involved a number of key activities. This report analyses those activities and makes a recommendation for the levels for GOC-approved DO and optometrist courses.

The research activities were:

- a survey of current providers
- virtual interviews with a sample of providers
- a student survey
- an industry/employer roundtable
- analysis of reasons why providers set their courses at a particular level
- desk-based analysis of other PSRB approaches to level recommendations.

There are [four qualification frameworks](#) in operation across the four nations of the UK, which index qualifications based on their level and size, and different numbering conventions apply. In England and Northern Ireland, there is the *Regulated Qualifications Framework* (RQF) and in Wales, there is the *Credit and Qualifications Framework for Wales* (CQF) - both of which cover qualifications ranging from GCSEs to doctorates, using a 1-8 scale. The *Framework for Higher Education Qualifications* (FHEQ) is used in England, Wales and Northern Ireland and uses the same scale, but starts at Level 4. In Scotland, the *Scottish Credit and Qualifications Framework* (SCQF) uses a 1-12 scale, with the higher education equivalent - the *Framework for Qualifications of Higher Education Institutions in Scotland* (FQHEIS) - using the same scale but starting at Level 7. The framework shows straightforward equivalence for most UK qualifications, but for foundation-level subjects there is no direct Scottish equivalent. Providers of DO courses in Scotland appear to position their course at SCQF Level 9 so that level is used in this report.

In this report, for brevity we will use the general term 'Frameworks'. When referring to a particular level, we will give the England, Wales and Northern Ireland level first, followed by Scotland; for example, RQF, FHEQ or CQF Level 6 equates to SCQF/FQHEIS Level 10 and will appear here as 'Level 6/10'.

Background

There are 19 UK institutions offering GOC-approved qualifications, with a variety of course titles spanning three Frameworks levels. The scope of our research was limited to qualifications leading to entry to the two registers. The four registerable specialties (additional supply specialty, supplementary prescribing specialty, independent prescribing specialty for optometrists, contact lens specialty for dispensing opticians), some of which are qualifications which appear on the national Frameworks, are beyond the scope of the commission and have not been included in this report.

For optometry, the GOC specify within their [Accreditation and Quality Assurance Handbook](#) that academic study consists of completion of a degree-level programme with an approved provider, with some providers offering a master's level year completed while undergoing the pre-registration workplace period. Academic minimum targets are also set by the GOC for qualification as an optometrist. The College of Optometrists Scheme for Registration, which

must be completed during the re-registration period, requires a lower second-class (2:2) honours or higher at bachelor's level for entry (for BSc optometry graduates), or an overall average of 50% by the end of Year 3 and completion of all clinical competencies (for Master of Optometry students).

For dispensing opticians, the [Dispensing Handbook](#) states that the route to qualification must include successful completion of a programme of study at a minimum academic (QCA) Level 5; most providers offer courses at Level 6/10.

The proposed new model of training aims to integrate professional and clinical experience within an approved qualification awarded by a single point of accountability (SPA), but with a different range of models potentially able to fulfil this approach.

Recommendation

We recommend that qualifications approved by the GOC for entry onto the register should be set as:

- **optometrist at Level 7/11**
- **dispensing optician (ophthalmic dispensing, or DO) at Level 6/10.**

In summary, this recommendation is based on:

- a Level 6/10 threshold being broadly in line with other professions, who set an undergraduate degree minimum in order to provide a broad base of underpinning knowledge and equip graduates with the required theoretical understanding and analytical skills
- the professions with a more clinical and/or science basis tending towards the master's level as a threshold, to equip graduates with the higher critical and analytical skills required
- the views of providers as to the appropriate level for each qualification given the proposed GOC [Outcomes for Registration](#)
- views from students and employers, who saw risks to the public and confidence in both professions unless standards were enhanced.

These are threshold levels and should not preclude courses being designed above these levels. As these recommended levels represent a change to the minimums set out by the GOC's quality handbooks, we also recommend that new qualifications approved by GOC in the short term (that is, academic years 2020-21/2021-22) should follow the new levels rather than having different short and longer-term options. Providers seeking approval before 2022-23 when GOC currently intend to implement their proposed 'Outcomes for Registration' and 'Standards for Approved Qualifications' may otherwise be faced with having to internally validate and approve courses at one level now, then change their provision when the new model becomes the norm. Insisting on the new levels now will benefit and not harm the public interest. However, as indicated in the executive summary, it is important to acknowledge that a careful appraisal needs to be done to avoid a phased approach having unintended consequences for different parties and stakeholders. We believe transitional advice covering additional credit options and higher learning outcomes may assist the sector in the intervening period. Failing this, a moratorium on new approvals may be something the GOC wishes to consider.

Other considerations

While we were asked to consider one other factor in the project brief - the appropriate short and long-term implementation options discussed above, as we went through the research

activities and the production of this report, other matters came to our attention which, while outside the strict scope of the project, we feel they would be useful for the GOC and the other commissioning agencies to consider.

Implementation period

We advise setting a sufficient phasing-in period for the new levels to allow providers to review their existing provision and make changes to their courses. The inclusion of a one-year pre-registration period into the qualifications warrants a significant redesign of their programmes by providers and, given the current disruptions on the sector as a result of the COVID-19 pandemic, a period of between three and five years should be sufficient to allow this across all providers, enabling teach-out of existing programmes. Providers could be encouraged by GOC to consider whether there are currently any non-credit bearing elements - for instance, dissertations, work-based learning, objective structured clinical examinations - that could be made to be credit bearing to enable an uplift in level where necessary, although we recognise that programme redesign and validation processes would still need to be carried out.

Impacts on access

We also advise that the GOC undertakes a full impact assessment into the qualification profile of their registrants, broken down by ethnicity, gender and, if possible, socio-economic background to avoid any inadvertent, disproportionate impact of raising the levels. This could lead to considering greater flexibility in operating this requirement in terms of entry routes to remain broadly in line with other professions, possibly involving demonstration of competences in alternative ways. These may include apprenticeship routes that meet the recommended threshold level for each profession, but which are outside the scope of this report, and part-time study programmes.

On the issue of funding, there are also issues with a proposed increase in the length of the qualification that will need to be taken into account. Entry to the professions, for individuals and particular parts of society, tends to be subject to issues of cost and funding. It may be advisable to ensure that any assessment of unintended consequences on access is performed before a decision on timeframes for implementation (as recommended above) is reached.

Language and mapping

The Chartered Institute of Architectural Technology offers an interesting model which GOC may wish to consider when reviewing the language used in the Outcomes for Registration. They require that accredited undergraduate programmes are mapped against the QAA Subject Benchmark Statement (SBS) for Architectural Technology, and also provide a [mapping guidance document](#) which contains their mandatory threshold standards and a table for supporting the provider in that mapping.

International equivalence

A further risk that emerged from the research was the impact of changes to RQF levels on international equivalence, allowing recognition of UK qualifications abroad and vice-versa. We give no view in this report, but we flag it as a policy matter for the GOC to explore and consider if they have not already done so.

Benchmarking

The GOC may wish to explore working with QAA to develop and establish a benchmark statement for dispensing opticians, as this report recommends moving to a minimum Level 6/10 requirement. The QAA's Subject Benchmark Statement (SBS) for optometry refers to bachelor's degrees with honours but, as it also includes standards for integrated master's degrees, there is no immediate need to revise the SBS in light of this report's recommendation

The current landscape

The GOC provided details of their current validated/approved course providers, and the qualifications they offer. Removing the non-UK providers, and those who only offer specialist advanced courses, there are currently 19 providers of DO and optometry. They also provided an analysis of fitness to practise (FtP) data to establish whether dispensing opticians graduating from the Level 5/9 registrable foundation degree are more or less likely to be found unfit to practise than those passing the Level 6/10 ABDO exams; finding that there were no complaints received about the DOs from either route to registration that went to an FtP committee.

There are also very few FtP cases for DOs (less than 1% from GOC's estimate) with a clinical basis - the majority are conduct cases, mainly criminal convictions, which bear no relevance to their education. Although education can play an important role in the formation of ethical professionals, without a deeper analysis of the conduct offences in question it suggests that competence of DOs is not a live public protection issue, nor is there a significant difference between the two different academic levels in the preparedness of the students to meet the GOC competencies or ongoing fitness to practise after qualifying.

There are some aspects of levels in higher education which need to be taken into account when considering the recommendations of this report. Performing a technical assessment of where the proposed Outcomes for Registration sit in terms of the levels descriptors in the Frameworks document cannot be performed at this point, as the outputs of this research were intended to inform the language used within the outcomes. Also, education providers use professional outcomes statements as frameworks, or scaffolding around which more detailed programme learning outcomes are constructed. This allows the regulator to focus on the core competencies guaranteeing patient care and professional standards, while giving the provider latitude to develop more detailed learning and assessment outcomes.

To ensure frank discussions, we guaranteed anonymity for survey respondents and interviewees so no quotes or views are attributed.

The changing landscape

The contexts within which eyecare services are being performed, and the needs of patients and other service users, are changing, as explored within the [GOC's most recent consultation](#). The engagement activities attempted to gauge what these changes might mean for the levels of the qualifications but, perhaps surprisingly, most people did not give a view. However, one stakeholder did specifically address this, stating that these considerations should be at the root of how the required threshold level for registration is set.

In their view, growing and unmet population and patient needs are speeding up the process of service redesign and the progression of new models of care, within which it is becoming more important for optometrists, from the point of registration, to have a wider scope of practice in patient assessment, diagnosis, management and monitoring. Optometrists would also increasingly need to be able to manage greater complexity, uncertainty and risk as

independent practitioners, with a greater focus on critically engaging with the evidence base, service evaluation and development, and quality improvement.

Provider survey

With the GOC issuing primary contact with stakeholders to adhere to data protection requirements, the 19 approved course providers were contacted with a brief questionnaire. Seven providers responded - which represents a sample size of 37% - six of whom gave a rationale for why their courses were set at their current levels.

All providers said that a GOC-set minimum Frameworks level would be helpful, with one saying that it would mean that all education providers are teaching to the same level. However, this view would only be true if the set GOC level was both a minimum *and* a maximum. One provider said they would be influenced by where other providers position their qualifications.

- 1 One provider which offers Level 6/10 Ophthalmic Dispensing courses mapped their course against the GOC competencies and QAA standards (presumably the generic threshold academic standards in the Frameworks document, as there is no Subject Benchmark Statement for ophthalmic dispensing). They did state that it was only the first two years of the course that met the minimum requirements for dispensing optician requirements, with the additional Level 6/10 learning (in the form of research project, enhanced critical thinking skills, and additional modules to aid with leadership and management skills) allowing the student to achieve a BSc (Hons) degree. They also ran a Level 5/9 foundation DO course, and stated that their offer would not change if the GOC's Education Strategic Review (ESR) proposals were implemented.
- 2 An optometry provider offered their course at Level 6/10, stating that it was an: 'obvious GOC requirement for degree in optometry. If it was not a requirement then it was certainly presented as such', which we took to be a reference to the GOC's Handbook. They also stated that international standards for optometry suggest a BSc Hons or equivalent as a minimum. The future of the level of their course would depend on the outcomes of the ESR, the financial implications of any change, and where other providers are setting their qualifications. They went on to state that it is not just whether the proposed GOC changes are compatible with a three-year honours degree; there are also issues in terms of funding of any proposed increase in the length of the qualification. While these implications are outside the scope of this project, it is something that the commissioning bodies may want to take into account.
- 3 Another optometry BSc provider identified the level at which their course is designed by a combination of GOC competency requirements, the two-step route to registration, and 'allowing students to enter the Scheme for Registration at a time period that is commensurable to other institutions.' They indicated that the ESR will cause them to review the programme as a whole, and they are likely to shift from BSc to master's level. They said this was due to the full route to registration being under the control of a single provider, and stated that they 'do not see how a BSc can be stretched out to anything other than three years maximum full time.'
- 4 A provider of ophthalmic dispensing at Level 6/10 explained their position due to the 'knowledge sitting' between Levels 5/9 and 6/10 but, as with the first provider in this analysis, they introduced an independent research module which raised the dispensing knowledge and skills to Level 6/10. While they plan to review their

course following the completion of the ESR, they were 'happy' to remain at Level 6/10.

- 5 Another Level 6/10 ophthalmic dispensing provider used this level due to it being the set sector benchmark for the profession as guided by the ABDO syllabus. They also viewed this as being the correct level post-ESR, as the scope of the profession is increasing and education in ophthalmic dispensing 'must be robust... [and] set at such a level as prepares a new member of the profession for the future as well as the present in order to protect the public.' While they supported the GOC setting a minimum, they were of the view that it would only be fit for purpose if it considered 'the fact that in excess of 97% of optician registrants hold Level 6 qualifications.'
- 6 One provider who offered both DO and optometry courses did so at Levels 5/9 and 6/10 due to sector benchmarks, the duration of study, and GOC Handbook and standards. They indicated that if ESR was implemented it would increase the length of study and a review would be needed in order to compare the new learning outcomes with frameworks levels. Also, with the requirement for a SAP and consequent incorporated pre-registration year, their view was that the levels would be raised by one to Level 7/11) for optometry, and Level 6/10 for ophthalmic dispensing.
- 7 One provider appeared to submit two responses. They explained that their DO qualification level was awarded by Ofqual on inspection of their syllabus, teaching materials and examinations. They were intending to review their provision in order to incorporate any ESR changes, as well as normal periodic review and changes in the profession. In its view, the changes would not lower the qualification 'but only enhance the fact that it is at Level 6', although they did state that the proposed outcomes were 'so vague that the level could be anything.'

Their view was that it would be sensible for all DOs to be qualified at the same level given it is a small profession with around 6,000 members, most of whom are qualified at Level 6/10. Moving it to Level 5/9 would represent an unwanted downgrade of the profession and be detrimental to patient safety as clinical treatment moves further into high-street practice. Further, a Level 6/10 setting would enable further clinical progression for both professions to work alongside and complement each other in a changing landscape, facilitate student transfers between institutes for dispensing and advanced courses and 'stop the dumbing down of the profession with lower level courses at a time when we are all working hard to improve the scope of practice and patient-centric care.'

Provider interviews

Two providers were interviewed to explore some of these issues in more depth. One interviewee stated that given changes to the scope of practice for optometrists, the most appropriate level for that course was Level 7/11, as there was not enough space available in a three-year bachelor's programme. Further reasons for the appropriateness of a master's level qualification were the necessary higher-level critical thinking skills and more science-based nature.

At the same time, the provider commented that the arguments for a degree-level setting for dispensing opticians were less clear. They questioned whether three years was too long for a DO qualification, given it is an 'easier' blend with less underpinning science. The key difference was seen to be the workplace approach; optometry degree students tended to have less practical and work skills. The provider considered that academic credit for the pre-registration year element of the proposed reformed DO course could be awarded up to

60 credits. A better rationale for a Level 6/10 DO course would be the inclusion of, for instance, a contact lens qualification or other specialism. The inclusion of more critical thinking and science to 'boost' the academic level could blur the line between the two professions.

Another provider saw little value in changing the level of their DO course in light of the proposed Outcomes for Registration. For optometry, the integration of the pre-registration year would change the volume but not complexity or intensity (and therefore level) of learning, and internal validation processes could be problematic.

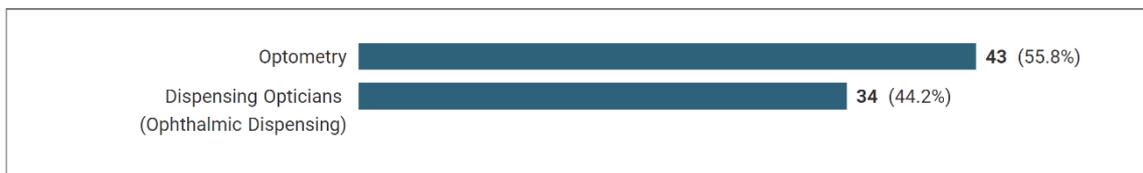
They also brought funding issues to our attention if the levels were to change, as well as the possibility of creating two-tier professions due to the historical registration of professionals at lower levels than those entering in the future. They were concerned at lead-in time for making any changes to the levels of their courses due to the ESR and given the wider context of the COVID-19 disruptions. They asked for a five-year period as a minimum.

Both providers agreed that the GOC should specify a level, as it enhances public confidence.

Graduate survey

Approximately 3,500 recent graduates were contacted, asking similar, but tailored, questions about the level of the courses offered and undertaken. 77 graduates responded to the survey, with over half coming from optometry graduates.

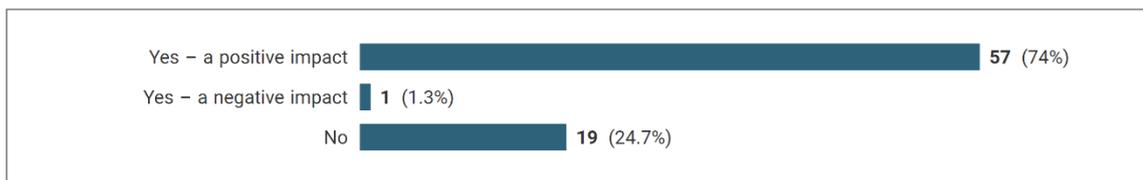
1 What qualifications did you study?



Seven graduates took a qualification at Level 5/9 (9% of respondents), 66 at Level 6/10 (86%), and four at Level 7/11 (5%).

72 (93%) of graduates were happy with the course, saying that it met their expectations. Opinions were almost evenly split on whether the level of the course affected their choice of study. 16 (21%) were not aware of the qualification level when commencing the course, and for 22 (29%) the level did not affect their choice.

6 Has the level of your qualification had any impact, positive or negative, on advancing your career?



Most respondents (57 or 74%) thought that the level of their qualification has had an impact on their career advancement; most thought it a positive impact, only one respondent said that it had had a negative impact:

'People do look down on you when asked about [your] qualification - as in you just have a diploma and not a bachelor's degree.'

On the positive side, respondents felt more trusted by the public, respected by colleagues and more competent as a result of having a bachelor's degree. Greater knowledge and confidence were cited as benefits of this level of study. It was also felt that a Level 6/10 qualification opened more doors in terms of research at MSc or PhD levels.

One respondent noted that the impact may depend on the setting, with employers in community practices merely 'happy if you're qualified. If I were to apply to a hospital or university career then I think they would be interested in higher qualifications.'

Two respondents indicated that optometry courses should be at master's or even a doctorate qualification level:

'Master's gave me a higher level of knowledge, increasing my confidence with patients/disease and differentiating me from other optometrists to employers.'

Other professions' approaches to levels

The table at Annex 1 looks at 12 other regulatory bodies to establish the levels that they require for entry to their professions. Most have multiple routes to entry, so the primary, or most common route, is considered.

The majority of the professions had at least a Level 6/10 threshold, with some, notably healthcare professions (medicine, dentistry, cognitive behavioural therapy), having a higher threshold at level 7/11. Two exceptions are the Engineering Council, which has a foundation level approved course, and the Institute of Chartered Accountants in England and Wales (ICAEW), which relies on workplace training and examinations, although there are exemptions for bachelor's and master's degree holders. For professions that run additional routes to entry for non-graduates, like the Solicitors Regulation Authority, a form of degree equivalence is commonly sought. These routes tend to be open for fewer numbers, but aid flexibility of access to professions which is a key driver for many.

Employers' views

A remote workshop was facilitated with four people who work in the industry, and a telephone interview was held with another professional who was unable to attend the workshop. The participants included an optometrist with 30 years' experience, a business owner without formal GOC qualifications, and a dispensing and contact lens optician with multiple practices. The conversations were interesting, but the weight attached to their input needs to be considered against the small number of participants.

For the most part, the participants were not aware of the different qualification levels, but were more familiar with the concepts of foundation course, bachelor's degree, and master's qualifications. Once introduced to the UK frameworks, their view was that a GOC specified level was desirable, and that Level 6/10 was an appropriate minimum standard for DOs. One of the employers felt this way due to the different levels operating in the past - in their view some people with a lower level qualification compared unfavourably to those with a higher level in terms of their DO skills. Their view was that, if public safety was the main consideration, the level should be driven up, not down.

Another participant's view was that more skills and outcomes have recently been added to the on-the-job training/two years at college DO routes in order for them to become Level 6/10 qualifications, and they questioned whether these additional skills are being used. Also,

to become a DO for contact lenses now takes five years, which in their view was too long and not what the industry requires.

For optometry, some saw Level 6/10 qualifications as more of a stepping stone to being an optometrist at Level 7/11 but there was a counter view expressed that the two professions are not at the same level academically and are two parallel professions rather than progressive, and not everyone wants to move from one to the other.

A view was given that access courses - optician's assistant courses - provide a good and appropriate route for those without high academic achievement. One participant noted a general move towards apprenticeships, which could open up the professions to capable people and improve their readiness for work but, at the same time, it may not be possible to obtain the required depth of knowledge in this way compared to full-time study. This respondent also believed that university study allowed a greater focus on pathology.

Annex 1 - Other professions' approach to levels

We looked at 12 regulatory bodies to see whether they specify RQF/FHEQ levels for their professional qualifications.

Name of regulator and role	Frameworks level(s)	Rationale
<p>General Medical Council</p> <p>www.gmc-uk.org</p> <p>The GMC decides which organisations can award UK primary medical qualifications.</p>	<p>First degrees in medicine are awarded at Level 7/11, but the learning spans a number of levels up to 7/11.</p>	<p>The Medical Act 1983 defines a 'primary United Kingdom qualification' as a degree of Bachelor of Medicine or Bachelor of Surgery, and gives the power to recognise bodies which award those degrees to the GMC. The name of the degree and the title 'Dr' are historical rather than an indication of the level of academic achievement. The legislation does not specify the frameworks level. The GMC's standards, set out in 'Promoting excellence: standards for medical education and training' do not specify a level.</p>
<p>Engineering Council</p> <p>www.engc.org.uk</p>	<p>Most accredited degrees are bachelor's (Level 6/9), bachelor's with honours (Level 6/10) or MEng (Level 7/11), but some foundation degrees (Level 5/9) and Engineering doctorates (Level 8/12) are also accredited. Non-degree programmes (including apprenticeships) may be approved rather than accredited.</p>	<p>The Engineering Council sets and maintains the standards for professional registration, including the criteria that education programmes must meet to become 'accredited' or 'approved', and licenses professional engineering institutions to carry out these processes. Via their Accreditation of Higher Education Programmes (AHEP), the Engineering Council sets out the output standards expected from each of the registration-enabling programmes from bachelor's to master's levels. The QAA's Subject Benchmark Statement adopted their learning outcomes in 2006.</p>
<p>General Dental Council (GDC)</p> <p>www.gdc-uk.org</p>	<p>The GDC are responsible for six professions: dentistry; dental nursing; dental therapy and dental hygiene; dental technology; clinical dental technology; and orthodontic therapy.</p> <p>First degrees in dentistry are at Level 7/11.</p>	<p>Frameworks levels are not specified in their 'Standards for Education', their standards and requirements for course providers, nor 'Preparing for practice', which contains the learning outcomes for each of the professions they register. The GDC were asked about where this requirement sits, but we were told that we should refer to the Standards for Education and the Learning Outcomes.</p>

Name of regulator and role	Frameworks level(s)	Rationale
Institute of Chartered Accountants in England and Wales (ICAEW) www.icaew.com	The ICAEW Chartered Accountant qualification (ACA) has no RQF level.	To qualify as an ICAEW Chartered Accountant, individuals must complete the ACA, a period of at least three years on-the-job training while passing a series of exams. Entry does not depend on having an accountancy degree, and there is a foundation entry route, but degree/master's holders may be exempt from some exams.
British Association for Behavioural and Cognitive Psychotherapies (BABCP) https://babcp.com	Cognitive Behavioural Therapy courses are usually at least a Postgraduate Diploma (Level 7/11).	BABCP's accreditation criteria are the Minimum Training Standards (MTS). They state that recognised courses provide the required expertise in CBT, which 'will usually be a postgraduate course, delivered by a higher education institution'. No further indication or clarification as to the level is given (it does not specify that 'postgraduate' means a PGDip at Level 7/10). Content is set out in the Core Curriculum Reference Document , which also does not specify level. Lower level courses are available but may not meet the criteria for accreditation.
Royal College of Veterinary Surgeons (RCVS) www.rcvs.org.uk/setting-standards/accrediting-primary-qualifications	First degrees in veterinary science are at Level 7/11	The RCVS Accreditation Standards for approving veterinary degrees contain their requirement for UK veterinary schools to: 'abide by the UK's Quality Assurance Agency's level descriptors for degrees at Level 7, as well as the QAA Subject Benchmark Statement for veterinary science. The professional veterinary degree is placed at Level 7, master's level, of the England, Wales and Northern Ireland Framework for Higher Education Qualifications (FHEQ), and at Level 11 of the Framework for Qualifications of Higher Education Institutions in Scotland (FQHEIS) which is part of the Scottish Credit and Qualifications Framework (SCQF).'

Name of regulator and role	Frameworks level(s)	Rationale
General Osteopathic Council (GOsC) www.osteopathy.org.uk/home	Aspiring UK registrants must have a qualification in osteopathy from a GOsC-recognised course, which are at Level 6/10 or 7/11	There is no written requirement in the <i>Osteopaths Act 1993</i> , the GOsC's Osteopathic Practice Standards , nor the guidance for osteopathic pre-registration education , for recognised courses to be set at any particular level. The QAA Subject Benchmark Statement covers bachelor's degrees with honours and master's in osteopathy, and providers are guided to follow this statement by the GOsC.
Chartered Institute of Patent Attorneys (CIPA) www.cipa.org.uk Intellectual Property Regulation Board (IPReg) https://ipreg.org.uk/register	Level 6/10 or higher	The Rules for the Examination and Admission of Individuals to the Registers of Patent and Trade Mark Attorneys 2011 state that the necessary academic qualifications providing eligibility for the Patent Examination Board (PEB) , and thus entry to the IPReg register, are either a degree or Legal Practice Course (LPC) - a postgraduate course regulated by the SRA. The SRA does not set a level for the LPC.
Solicitors Regulation Authority (SRA) www.sra.org.uk	Qualifying Law Degree, or a converted degree in another subject, at Level 6* (*Scottish equivalent not given as SRA regulates in England and Wales only)	The Period of Recognised Training (PRT) route is the most common of the routes to qualification as a solicitor, and requires an individual to hold a Qualifying Law Degree or degree in another subject, 'converted' by a Common Professional Examination, as set out in the Authorisation of Individuals Regulations .
Royal Institute of Chartered Surveyors (RICS) www.rics.org/uk	Level 6/10 or higher	To achieve chartered status (MRICS) - their main qualification - individuals take one of four routes, such as the Assessment of Professional Competence (APC), for which holding a bachelor's degree or approved professional qualification is a pre-requisite. RICS accreditation requirements state that approved programmes must be at least 3600 hours of volume for a bachelor's degree (or 360 credits), and 1200 hours for a postgraduate master's degree or a postgraduate diploma.

Name of regulator and role	Frameworks level(s)	Rationale
Chartered Institute of Architectural Technologists (CIAT) https://architecturaltechnology.com	CIAT accredits honours degree (Level 6/10) and master's degree-level programmes (Level 7/11), and approves foundation degree-level programmes.	<p>The normal route to becoming a Chartered Architectural Technologist is by studying an honours degree programme in Architectural Technology, accredited by CIAT.</p> <p>All CIAT-accredited undergraduate programmes are required to be mapped against the QAA Subject Benchmark Statement (SBS) for Architectural Technology, which is positioned at the bachelor's degrees with honours level and also refers to master's degrees. CIAT also provide a mapping guidance document which contains their mandatory threshold standards.</p>
Chartered Institute of Building (CIOB) www.ciob.org	Chartered Membership (MCIQB) is benchmarked at Level 6/10, with the Professional Review assessing knowledge, skills and experience in key areas of occupational, managerial and professional competence. Applicants for the Professional Review need to hold a Level 6/10 qualification or higher to be eligible.	There are multiple routes and qualifications leading to entry, from vocational levels upwards. CIOB also accredits foundation (FdSc), undergraduate (BSc) and postgraduate (MSc) programmes in the UK and abroad.

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