



Anglia Ruskin University
Report of outcomes of the adaptation to the GOC education & training requirements
Master of Optometry (MOptom)
ARU-OP1-ETR
Report confirmed by GOC 12 March 2024

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SECTION ONE – ABOUT THIS DOCUMENT

1.1 ABOUT THIS DOCUMENT

This report outlines the outcomes of the review of Anglia Ruskin University's (provider) adapted Master of Optometry (MOptom) qualification (qualification) against the *Requirements for Approved Qualifications in Optometry and Dispensing Optics* (March 2021).

It includes:

- Feedback against each relevant standard (as listed in Form 2a or the merged Adaptation Form – ADP-FRM).
- The status of all the standards reviewed as part of the adaptation process (which include the formal response process).
- Any action Anglia Ruskin University is required to take.

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SECTION TWO – PROVIDER DETAILS

2.1 TYPE OF PROVIDER	
Provider <i>Sole responsibility for the entire route to registration.</i>	<input checked="" type="checkbox"/>
Awarding Organisation (AO) <i>Sole responsibility for the entire route to registration with centres delivering the qualification(s).</i>	<input type="checkbox"/>

2.2 CENTRE DETAILS	
Centre name(s)	Not applicable.

2.3 EXTERNAL PARTNERS DELIVERING AND/OR MANAGING AREAS OF THE QUALIFICATION
As part of the qualification, the College of Optometrists (CoO) will be delivering the Clinical Learning in Practice (CLiP) scheme.

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SECTION THREE – QUALIFICATION DETAILS

3.1 QUALIFICATION DETAILS	
Qualification title	Master of Optometry (MOptom)
Qualification level	Level seven (Regulated Qualifications Framework [RQF])
Duration of qualification	Four years
Number of cohorts per academic year	One
Month(s) of student intake	September
Delivery method(s)	Full time
Alternative exit award(s)	<ul style="list-style-type: none"> • Year three – BSc (Hons) Applied Vision Sciences or BSc Applied Vision Sciences • Year two – Certificate of Higher Education • Year one – Diploma of Higher Education
Total number of students per cohort	60

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SECTION FOUR – SUMMARY OF THE OUTCOMES OF THE ADAPTATION PROCESS

4.1 QUALITY ASSURANCE ACTIVITY	
Type of activity	Review of the provider’s adapted Master of Optometry (MOptom) qualification against the <i>Requirements for Approved Qualifications in Optometry and Dispensing Optics</i> (March 2021).

4.2 GOC REVIEW TEAM	
Officer	Georgia Smith – Education Development Officer
Manager	Lisa Venables – Education Development Manager
Decision maker	Samara Morgan – Head of Education & CPD Development
Education Visitor Panel (panel) members	<ul style="list-style-type: none"> • Mark Bissell – Lay Chair • Dr Preeti Bhogal-Bhamra – Optometrist and Independent Prescribing Optometrist member • Janice McCrudden – Optometrist and Independent Prescribing Optometrist member • Kevin Gutsell – Dispensing Optician

4.3 SUMMARY OF CONDITIONS AND RECOMMENDATIONS	
Conditions	The qualification has been set no conditions.
Recommendations	The qualification has been set no recommendations.
Commentary against all of the standards reviewed are set out in section 4.4.	
The qualification will remain subject to the GOC’s quality assurance and enhancement methods (QAEM) on an ongoing basis.	

4.4 STANDARDS OVERVIEW	
The standards reviewed as part of the adaptation process for approved qualifications (as outlined in Form 2a or in the Adaptation Form*) are listed below along with the outcomes, statuses, actions, and any relevant deadlines. Actions may include the following:	
<ul style="list-style-type: none"> • A condition is set when the information submitted did not provide the necessary evidence and assurance that a standard is met; further action is required. • A recommendation is set when the information submitted currently provides the necessary evidence and assurance that a standard is met. However, the GOC has identified this may be an area that could be enhanced or that will need to be reviewed to ensure the standard continues to be met. • No further action is required – the information submitted provides the necessary assurance that a standard is met. 	
*The following standards listed were not reviewed as part of the adaptation process but are monitored as part of the GOC’s Quality Assurance and Enhancement Methods (QAEM):	

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- Standard one - public and patient safety: S1.1, S1.2, S1.3, S1.4
- Standard two - admissions of students: S2.2, S2.3, S2.4
- Standard three - assessment of outcomes and curriculum design: S3.2, S3.8, S3.9, S3.10, S3.11, S3.12, S3.13, S3.20, S3.21
- Standard four - management, monitoring and review of approved qualifications: S4.6, S4.7, S4.8, S4.9, S4.10, S4.11, S4.12
- Standard five: leadership, resources and capacity: S5.3, S5.4, S5.5

Further details on the evidence that the provider was required to complete or submit as part of the education and training requirements (ETR) adaptation process can be found on our [qualifications in optometry or dispensing optics](#) webpage.

Standard no.	S2.1
Standard description	Selection and admission criteria must be appropriate for entry to an approved qualification leading to registration as an optometrist or dispensing optician, including relevant health, character, and fitness to train checks. For overseas students, this should include evidence of proficiency in the English language of at least level 7 overall (with no individual section lower than 6.5) on the International English Language Testing System (IELTS) scale or equivalent.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • The provider's optometry webpage. • The provider's 'Senate Code of Practice (Admissions)'. • The provider's 'Fitness to Study Policy'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has appropriate, clear, and comprehensive entry and IELTS requirements. • The provider conducts appropriate, clear, and comprehensive occupational checks.

Standard no.	S2.5
Standard description	Recognition of prior learning must be supported by effective and robust policies and systems. These must ensure that students admitted at a point other than the start of a programme have the potential to meet the outcomes for award of the approved qualification. Prior learning must be recognised in accordance with guidance issued by the Quality Assurance Agency (QAA) and/or Office of Qualifications and Examinations Regulation (Ofqual)/Scottish Qualifications Authority (SQA)/Qualifications Wales/Department for the Economy in Northern Ireland and must not exempt students from summative assessments leading to the award of the

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	approved qualification, unless achievement of prior learning can be evidenced as equivalent.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • The provider's 'Senate Code of Practice (Admissions)'. • The provider's 'Guide to Accreditation of Prior Learning (APL)'. • The provider's 'AP(C)L Course Tariff Approval Form'. • The provider's 'AP(C) Individual Applications Flowchart'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has an appropriate accreditation of prior/certificated learning policy and process for implementing it.

Standard no.	S3.1
Standard description	There must be a clear assessment strategy for the award of an approved qualification. The strategy must describe how the outcomes will be assessed, how assessment will measure students' achievement of outcomes at the required level (Miller's Pyramid) and how this leads to an award of an approved qualification.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • A completed 'Template 8 – outcome mapping to indicative guidance'. • The provider's 'Senate Code of Practice (Assessment)'. • The provider's 'Academic Regulations'. • The provider's 'Assessment Protocol'. • The provider's 'Rules, Regulations and Procedures for Students (20th Edition)'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has a comprehensive and clear assessment strategy.

Standard no.	S3.3		
Standard description	The approved qualification must provide experience of working with: patients (such as patients with disabilities, children, their carers, etc); inter-professional learning (IPL); and team work and preparation for entry into the workplace in a variety of settings (real and simulated) such as clinical		
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	practice, community, manufacturing, research, domiciliary and hospital settings (for example, Harden's ladder of integration ¹⁰). This experience must increase in volume and complexity as a student progresses through a programme.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • Narrative provided in support of the formal response process. • The provider's 'Stakeholder Meeting Minutes'. • The College of Optometrists' 'Clinical Learning in Practice (CLiP) Handbook'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has engaged in a sufficient variety of stakeholder consultations. • The provider has considered the recruitment of its patient base to ensure a wide variety of patients and how these numbers will be monitored.

Standard no.	S3.4
Standard description	Curriculum design, delivery and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, students, placement providers, commissioners, members of the eye-care team and other healthcare professionals. Stakeholders involved in the teaching, supervision and/or assessment of students must be appropriately trained and supported, including in equality and diversity.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • Narrative provided in support of the formal response process. • The provider's 'Stakeholder Meeting Minutes'. • The provider's 'Clinic Supervisors Meeting Minutes'. • The provider's 'Appraisal Form 22-23'. • The provider's 'Expectations of Academic Staff'. • The provider's 'Department of Vision and Hearing's Staff Student Liaison Committee Meeting Minutes'.

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	<p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has clear and adequate stakeholder engagement. • The provider has clear and adequate expectations for academic staff, including mandatory training and an appraisal system.
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Standard no.	S3.5
Standard description	The outcomes must be assessed using a range of methods and all final, summative assessments must be passed. This means that compensation, trailing and extended re-sit opportunities within and between modules where outcomes are assessed is not permitted.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • A completed 'Template 8 – outcome mapping to indicative guidance'. • The provider's 'Senate Code of Practice (Assessment)'. • The provider's 'Academic Regulations'. • The provider's 'Assessment Protocol'. • The provider's 'Rules, Regulations and Procedures for Students (20th Edition)'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification includes a sufficient range of assessment methods. • The provider has implemented mechanisms for recording and monitoring of the learning outcomes.

Standard no.	S3.6
Standard description	Assessment (including lowest pass) criteria, choice, and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must seek to ensure safe and effective practice and be appropriate for a qualification leading to registration as an optometrist or dispensing optician.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • The provider's guidance on how OSCEs are marked.

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	<ul style="list-style-type: none"> The provider's 'Reasonable Adjustments and Support Policy' including: <ul style="list-style-type: none"> Disability and dyslexia support. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> The types and range of assessment methods are appropriate to the approved qualification. The assessments contribute to safe and effective practice.
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Standard no.	S3.7
Standard description	Assessment (including lowest pass) criteria must be explicit and set at the right standard, using an appropriate and tested standard-setting process. This includes assessments which might occur during learning and experience in practice, in the workplace or during inter-professional learning.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> A completed 'Template 2 - criteria narrative'. A completed 'Template 4 – assessment strategy'. A completed 'Template 5 – module outcome map'. The College of Optometrists' 'Clinical Learning in Practice (CLiP) Handbook'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> The assessments contribute to safe and effective practise. The types and range of assessment methods are appropriate to the approved qualification. There is an appropriate relationship between the provider and the College of Optometrists.

Standard no.	S3.14
Standard description	There must be a range of teaching and learning methods to deliver the outcomes that integrates scientific, professional, and clinical theories and practices in a variety of settings and uses a range of procedures, drawing upon the strengths and opportunities of context in which the qualification is offered.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> A completed 'Template 2 - criteria narrative'. A completed 'Template 4 – assessment strategy'.

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	<ul style="list-style-type: none"> • A completed 'Template 5 – module outcome map'. • A completed 'Template 8 – outcome mapping to indicative guidance'. • The provider's 'Stakeholder Meeting Minutes'. • The provider's 'Education Strategy 2018-22'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • Feedback from student and employee consultations has been incorporated into the qualification modules. • There are sufficient resources available to students. • The syllabus design includes a sufficient range of teaching formats.
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Standard no.	S3.15
Standard description	In meeting the outcomes, the approved qualification must integrate at least 1600 hours/48 weeks of patient-facing learning and experience in practice. Learning and experience in practice must take place in one or more periods of time and one or more settings of practice.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 5 – module outcome map'. • The College of Optometrists' 'Clinical Learning in Practice (CLiP) Handbook'. • The signed and finalised partnership agreement between the provider and the College of Optometrists. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification includes the required minimum 1600 hours/48 weeks of patient-facing learning and experience in practice. • The provider has appropriately integrated patient-facing learning into the qualification. • There are distinguished roles and responsibilities for the provider and the College of Optometrists.

Standard no.	S3.16
Standard description	Outcomes delivered and assessed during learning and experience in practice must be clearly identified within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'.

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	<ul style="list-style-type: none"> • A completed 'Template 5 – module outcome map'. • A completed 'Template 4 – assessment strategy'. • The College of Optometrists' 'Clinical Learning in Practice (CLiP) Handbook'. • The signed and finalised partnership agreement between the provider and the College of Optometrists. • The provider's 'Rules, Regulations and Procedures for Students (20th Edition). • The provider's 'Senate Code of Practice (Assessment)'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The types and range of assessment methods are appropriate to the approved qualification. • The provider has a comprehensive and clear assessment strategy. • The assessments lead to the awarding of an approved qualification.
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Standard no.	S3.17
Standard description	The selection of outcomes to be taught and assessed during learning and experience in practice and the choice and design of assessment items must be informed by feedback from stakeholders, such as patients, students, employers, placement providers, members of the eye-care team and other healthcare professionals
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • The provider's 'Stakeholder Meeting Minutes'. • The provider's list of all consulted stakeholders. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • Stakeholder feedback has adequately informed the design of the qualification. • The provider has engaged in a sufficient variety of stakeholder consultations.

Standard no.	S3.19
Standard description	The collection and analysis of equality and diversity data must inform curriculum design, delivery, and assessment of the approved qualification. This analysis must include students' progression by protected characteristic. In addition, the principles of equality, diversity and inclusion must be embedded in curriculum design and assessment and used to

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	enhance students' experience of studying on a programme leading to an approved qualification.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • Narrative provided in support of the formal response process. • The provider's 'Access Participation Plan 2020-21'. • The provider's 'EDI Objectives 2021-2025'. • The provider's 'Race Equality Strategy'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has sufficiently demonstrated how the collection and analysis of ED&I data has been considered in the design and delivery of the qualification. <p>This will be monitored as part of ongoing quality assurance activity.</p>

Standard no.	S4.1
Standard description	The provider of the approved qualification must be legally incorporated (i.e., not be an unincorporated association) and provide assurance it has the authority and capability to award the approved qualification.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • The provider's 'Articles of Government'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider is an approved provider of higher education. • The provider is a legally incorporated higher education institution. • The provider has the authority and capability to deliver the qualification.

Standard no.	S4.2
Standard description	The provider of the approved qualification must be able to accurately describe its corporate form, its governance, and lines of accountability in relation to its award of the approved qualification.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET.

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	<p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • The provider's 'Articles of Government'. • The provider's 'Constitution of the Academic Committee Structure'. • The provider's 'Senate Code of Practice (Curriculum Approval and Review)'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has clearly defined committees and roles, including governance expectations. • The provider has clear role appointments, lines of accountability and powers of delegation.
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Standard no.	S4.4
Standard description	The provider of the approved qualification may be owned by a consortium of organisations or some other combination of separately constituted bodies. Howsoever constituted, the relationship between the constituent organisations and the ownership of the provider responsible for the award of the approved qualification must be clear.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • Narrative provided in support of the formal response process. • The signed and finalised partnership agreement between the provider and the College of Optometrists. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • There is a robust framework supporting the relationship between the provider and the College of Optometrists. • There are distinguished roles and responsibilities for the provider and the College of Optometrists.

Standard no.	S4.5
Standard description	The provider of the approved qualification must have a named person who will be the primary point of contact for the GOC.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'.

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	<ul style="list-style-type: none"> • A completed 'Form 2a - notification of proposed adaptation of programmes'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has an appropriate named person for the qualification.
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Standard no.	S4.13
Standard description	There must be an effective mechanism to identify risks to the quality of the delivery and assessment of the approved qualification, ensure appropriate management of commercial conflicts of interest and to identify areas requiring development.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • A completed 'Form 2a - notification of proposed adaptation of programmes' that details the qualification's key risks and mitigations. • Narrative provided in support of the formal response process. • The provider's 'Senate Code of Practice (Curriculum Approval and Review)'. • The provider's 'Risk Appetite 2021'. • The provider's 'Register of Interests Form 2022-23'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has various robust mechanisms and processes for identifying and managing risks. • The provider has robust mechanisms and processes for identifying and managing conflicts of interests. • The provider has a formal process for staff and students to raise and escalate concerns.

Standard no.	S5.1
Standard description	There must be robust and transparent mechanisms for identifying, securing, and maintaining a sufficient and appropriate level of ongoing resource to deliver the outcomes to meet these standards, including human and physical resources that are fit for purpose and clearly integrated into strategic and business plans. Evaluations of resources and capacity must be evidenced, together with evidence of recommendations considered and implemented.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p>

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	<ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • A completed 'Form 2a - notification of proposed adaptation of programmes' that details the qualification's key risks and mitigations. • Narrative provided in support of the formal response process. • The provider's staffing list for the qualification. • The provider's 'Academic Workload Balancing Model 2022-23 Roles and Weightings'. • The provider's 'Equipment Inventory 2022'. • The provider's 'Staff Handbook'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification has appropriately qualified and experienced staff members. • The qualification is appropriately resourced. • The provider sufficiently supports staff with their learning and development needs.
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Standard no.	S5.2
Standard description	<p>There must be sufficient and appropriately qualified and experienced staff to teach and assess the outcomes. These must include:</p> <ul style="list-style-type: none"> • an appropriately qualified and experienced programme leader, supported to succeed in their role; • sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals; • sufficient supervision of students' learning in practice by GOC registrants who are appropriately trained and supported in their role; and • an appropriate student:staff ratio (SSR), which must be benchmarked to comparable provision.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • The provider's staffing list for the qualification. • The provider's 'Academic Workload Balancing Model 2022-23 Roles and Weightings'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification has clear and adequate leadership. • There is an appropriate range and number of staff to deliver the programme. • There is a sufficient number of registrant/specialist staff members to deliver the qualification. • There is an appropriately benchmarked SSR.

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