

PART 1 – VISIT DETAILS

| 1.1 PROVIDER DETAILS | |
|-----------------------------------|-----------------------------|
| Address | University of Bradford |
| Responsible officer | Professor Ed Mallen |
| Responsible officer telephone | 01274 236231 |
| Responsible officer email address | e.a.h.mallen@bradford.ac.uk |

| 1.2 PROGRAMME DETAILS | |
|----------------------------------|---|
| Programme title | Optometry Career Progression Optometry |
| Programme type | BSc |
| Current approval status | Full Approval |
| Approved/current student numbers | 110 |

| 1.3 GOC EDUCATION VISITOR PANEL | |
|---------------------------------|---|
| Chair | Sheila Needham, Lay Member |
| Visitors | Paul Baines, Ophthalmologist Paula Baines, Dispensing Optician Navneet Gupta, Optometrist Markham May, Lay Member Nicola Szostek, Optometrist |
| GOC representative | Richard Calver, Approval and Quality Assurance Officer |
| Observers | Jane Andrews, Lay Member |

| 1.4. PURPOSE OF THE VISIT | |
|--|-------------------------|
| Visit type | Quality Assurance Visit |
| To perform a full quality assurance visit in accordance with routine quality assurance processes, as required by the report of the previous quality assurance visit in 2014. | |

| 1.5 PROGRAME HISTORY | | |
|---|------------|---|
| Set out a chronology of the key events affecting the programme in the last FIVE years, including any visits and key events. | | |
| Date | Event type | Overview |
| 27/03/2014 | Visit | A full quality assurance visit set eleven conditions, mainly relating to tracking competencies and patient episodes, and recommended a re-visit in one year's time. |
| 04/08/2014 | Change | The GOC permitted the University to increase intake to 110, following the appointment of an extra member of staff. |

| | | |
|------------|--------|--|
| 17/03/2015 | Visit | The re-visit required following the visit of 2014 resulted in most of the Conditions being deemed as met, and recommended a full quality assurance visit scheduled for 2019. |
| 27/07/2016 | Change | The GOC approved the University's intention to reconfigure the programme's modules, including those in Evidence-Based Optometry, Contact Lenses, Management of Ocular Disease, Clinical Practice and Professional Studies. |
| 13/06/2017 | Visit | A visit approved the design of the new clinic, and withdrew some Conditions previously imposed in March 2015. |
| 14/12/2017 | Visit | A visit deemed more Conditions imposed in March 2015 as met. |

PART 2 – VISIT SUMMARY

| 2.1 Visit outcomes | |
|---|---|
| The Panel recommended that approval for the BSc Optometry and Career Progression Optometry programmes should continue, subject to six conditions being met. | |
| Summary of recommendations to the GOC | |
| Previous conditions – met/not met | All Conditions have been met. |
| New conditions | 6 |
| New recommendations | 4 |
| Commendations | 0 |
| Student numbers | 110 |
| Approval/next visit | A date between 4 March 2024 and 18 March 2024, subject to the Conditions being met by the required deadlines. |
| Factors to consider when scheduling next visit e.g. when students are in, hospital, audit etc. | N/A |

| 2.2 Previous conditions (Reference numbers refer to the relevant section of the previous report) | | | | |
|--|--|--------------------|---------------|--|
| The conditions listed below are extracted from the report of 13 June 2017 | | | | |
| Ref No. | Condition | Requirement number | Due date | Met? |
| 7.1.1 | For the Clinical Experience Summary Sheet to be an effective mechanism to populate the department spreadsheet for recording students' achievement of the GOC required numbers, only episodes that meet the requirements to be valid, should be recorded on the summary sheet. This must be confirmed by a supervisor signature against each episode claimed. | | 20 March 2019 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.1.2 | In respect of the current 3rd year students, the Programme Team are required to re-audit all logbooks to ensure that only episodes that are valid are counted towards achievement of the GOC specified patient numbers. An updated spreadsheet must be supplied to the GOC once the re-audit has been completed. | | 20 March 2019 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.1.3 | The supervisor and student handbooks must explicitly define what a valid episode is for each clinic category as specified in the GOC Handbook and this should be reflected in the regular training provided to staff and supervisors. | | 20 March 2019 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.2.1 | The 2FTE positions approved by the University must be appointed and in post prior to the increase in student numbers taking effect. Should either position not be filled, student intake numbers must be restricted to 110 students. | | 20 March 2019 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | |
|-------|---|--|-------------------------|--|
| 7.3.1 | Based on the plans presented to the Panel, the GOC were satisfied that the new facilities will be fit for purpose for the optometry programmes, subject to the following requirements being met: | | 22 December 2017 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.3.2 | The maximum intake size for the undergraduate programme remains capped at 128 students (subject to the aforementioned staffing conditions). | | 22 December 2017 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.3.3 | Both administrative and dedicated technical support staff are to be located within the Health and Wellbeing building and have the required skills and capacity to support the needs of the optometry provision. | | 22 December 2017 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.3.4 | The GOC will conduct inspections of the new premises to ensure they are fit for purpose once demolition works to the building are complete and also immediately prior to occupation by the Optometry department following completion of the renovation. | | 22 December 2017 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

2.3 Previous recommendations

The recommendations listed below are extracted from the report of Click or tap to enter a date.

| Description | Comments |
|---|-----------|
| In order to ensure maintenance of standards throughout this period of change, the GOC consider it essential to secure both stability and continuity of leadership for the programme. The GOC strongly recommend that the appointment period of the current Head of Optometry be extended to a six year term to allow the post holder to oversee the development of and transition into the new facilities and to lead a review of the Optometry provision within the faculty. | Actioned. |

2.4 Conditions set at this visit

Conditions are applied to training and assessment providers if there is evidence that the GOC requirements are not met. The conditions (unmet requirements) for this visit are set out at 3. below.

2.5 Recommendations made at this visit

The Panel offers the following recommendation(s) to the provider. Recommendations indicate enhancements that can be made to a programme but are not directly linked to compliance with GOC requirements.

| Ref. | Description |
|-------|---|
| 2.5.1 | Students appreciated the new optometry building but some of them noted the long walk to other university buildings where lectures may be held. This makes it difficult for students to attend lectures punctually, and poses a particular problem to those with mobility difficulties. More efficient timetabling may alleviate this problem. Therefore, the Panel recommends reasonable adjustments to timetabling to ensure adequate learning and teaching opportunities for all students, including those with mobility issues. |
| 2.5.2 | Students see a range of patients, but recent Staff-Student Liaison committee minutes show that students would like access to a more diverse range. In addition, staff reported that clinic signage and marketing were poor, making it difficult to recruit new patients. |

| | |
|--------------|---|
| | Therefore, the Panel recommends that the University should to seek to broaden the database of real patients for the benefit of students, and this should include improving the marketing of the clinic. |
| 2.5.3 | <p>Student experience is enhanced by attendance at the Bradford Royal Infirmary (BRI), but students would still gain more experience if they could access more of the BRI's resources.</p> <p>Therefore, the Panel recommends that students gain experience in the Macula Unit at the BRI.</p> |
| 2.5.4 | <p>The Panel acknowledges the staff's efforts in implementing the Canvas and PebblePad learning technology systems, but notes that assessments using Canvas have not yet been trialled.</p> <p>Therefore, the Panel recommends that the University provides, and the School should take advantage of, more dedicated support for learning technology.</p> |

| | |
|---|--|
| 2.6 Commendations | |
| The Panel identifies the following areas of good practice where the programme exceeds the GOC requirements. | |
| None. | |

PART 3 – CONDITIONS

| GOC REQUIREMENT | |
|------------------|---|
| OP2.1 | <p><i>Appropriate and fit for purpose accommodation, clinic facilities and clinic equipment in academic and practice settings must be provided.</i></p> <p>Condition: The University must:</p> <ol style="list-style-type: none"> 1. Submit to the GOC, by 26 July 2019, a list of new, appropriate, fit-for-purpose equipment to be purchased, with a plan for procuring it, clearly identifying the items deemed by the programme team to be most urgently needed; and 2. Ensure that the installation of the equipment deemed most urgent is completed by the start of the 2019/20 academic year, with the remainder being installed by 20 December 2019. |
| Date Due | <p>Plan to be submitted by 26 July 2019.</p> <p>Equipment deemed most urgently needed to be installed by the start of the 2019/20 academic year.</p> <p>The remainder of the equipment to be installed by 20 December 2019.</p> |
| Rationale | <p>The Panel observed the new clinic and laboratory facilities and noted that the clinic was spacious and provided an excellent environment for patients, students and staff. Meetings with staff and students confirmed widespread satisfaction with the new building.</p> <p>However, the same meetings revealed general dissatisfaction with the condition of many items of clinical equipment. Staff and students agreed that some items, especially slit lamps and trial frames, were old and in poor condition, and non-functioning pieces were not readily replaced. Students were particularly concerned that slit lamps were unsuitable for the teaching and assessment of clinical skills because their poor optics prevented students and supervisors from viewing images simultaneously. Trial frames were said to be in poor condition, creating a potential hazard to patients. Students also commented that other equipment, such as ophthalmoscopes, retinoscopes and Volk lenses were also in poor condition.</p> <p>The Faculty's Senior Management Team agreed that some clinical equipment needed urgent replacement, and promised that a procurement process was underway, but equipment has not yet been replaced. They assured the Panel that funding was available, so the Panel is of the view that funding should not be delaying purchasing the equipment.</p> <p>Therefore, the Panel concluded that, despite the quality of the clinic accommodation, the equipment is not 'appropriate and fit for purpose', and this requirement is not currently met.</p> |

| GOC REQUIREMENT | |
|------------------------|--|
| OP2.2 | <p><i>The programme team must consist of a sufficient number and an appropriate range of staff with the necessary skills, knowledge and experience to deliver the programme effectively and support the student capacity.</i></p> <p>Condition: To maintain the current number of 110 students, the university must replace the two full-time members of academic staff who have recently left the department, and the Clinic Manager who is shortly to retire. They must be in post by the start of the 2019/20 academic year.</p> |
| Date Due | The start of the 2019/20 academic year. |
| Rationale | <p>The current intake of 110 students was based on the recruitment of extra staff in order to maintain the GOC required student:staff ratio (SSR) of 17:1, as required following the visit in 2014. However, the School's documentary commentary and recent Annual Monitoring Report revealed that two members of the academic staff had recently left the School, and that the Clinic Director is due to retire before the beginning of the 2019/20 academic year. The Head of School confirmed that the current SSR has risen to 18.9:1, which fails to meet GOC's requirement OP2.14.</p> <p>Academic staff informed the Panel that their workloads had risen following the recent departures, and this had impacted on aspects of student experience: for example, it was difficult to provide prompt assessment feedback (see OP4.5). The National Student Satisfaction Survey confirms that students were dissatisfied with the level of feedback, even before staff left, and this is likely to be worsened unless staff are replaced.</p> <p>Therefore, the Panel concluded that the programme team does not currently consist of a sufficient number of staff to support the student capacity of 110 students per year.</p> |

| GOC REQUIREMENT | |
|------------------------|--|
| OP2.14 | <p><i>There must be a 17:1 student:staff ratio. The net ratio must include both full time and part time hourly paid staff.</i></p> <p>Condition: To make the appointments required by Requirement OP2.2. The GOC must be kept informed of their progress in this matter.</p> |
| Date Due | Beginning of the 2019/20 academic year. |
| Rationale | As described above, the current SSR is 18.9:1. Therefore, the requirement that the SSR is no higher than 17:1 is not met. The Panel noted that the SSR had been affected by the loss of two members of staff, and should be restored to a level no higher than 17:1. |

| GOC REQUIREMENT | |
|------------------------|---|
| OP3.6 | <p><i>The provider must ensure that supervisors receive comprehensive guidance and training to ensure they fully understand their responsibilities and obligations.</i></p> <p>Condition: An action plan for the induction and ongoing training for clinical supervisors must be provided. This plan to be drawn up in time for the start of the 2019/20 academic year and submitted to the GOC by 26 July 2019.</p> |
| Date Due | 26 July 2019. |
| Rationale | <p>The School provided a Supervisors' Handbook, and the Panel noted that this provided extensive information to supervisors. However, students were concerned that clinical assessments could be inconsistent, with some supervisors believed to be more stringent than others.</p> <p>Staff Optometrists told the Panel that there was no fixed protocol for signing off Competencies, and the Clinic Director confirmed that it was difficult to train supervisors to ensure consistency in this task. They also reported that there was little ongoing support for supervisors, with few opportunities for part-time hourly-paid supervisors to discuss supervisory practices and assessment methods, which would be beneficial when seeking consistent approaches to supervision and assessment. The Clinic Director acknowledged that a structured induction programme for supervisors would be highly desirable but that his workload had prevented him from organising such a system to date.</p> <p>The Panel therefore concluded that supervisors did not currently receive comprehensive guidance and training because structured induction and ongoing training programmes were lacking and were leading to inconsistency in assessment and Competency signing off, despite the detailed Handbook.</p> |

| GOC REQUIREMENT | |
|------------------------|---|
| OP4.5 | <p><i>The assessment structure and procedures must comprise formative and summative elements and provide the student with sufficient feedback, within a reasonable timeframe, to enable maximum learning and achievement.</i></p> <p>Condition: The Programme team must ensure that students are provided with feedback within a reasonable timeframe, as stated in the University guidelines.</p> <p>An action plan which addresses this issue must be provided to the GOC by 26 July 2019.</p> |
| Date Due | 26 July 2019. |
| Rationale | <p>The Panel noted the University's guidelines which require feedback to be given to students within 20 working days following an assessment. However, meetings with students, academic staff and clinical supervisors revealed that feedback was often slow. For example, students reported that feedback following a Binocular Vision assessment had been provided more than two months after the assessment.</p> <p>Staff confirmed that assessment feedback had been slower recently: providing individual feedback was particularly time-consuming. Staff felt that feedback had been impacted by two important factors: the loss of two members of academic staff which had increased other staff's workload, and the implementation of Canvas, which replaced Blackboard as the University's virtual learning environment. The latter had been burdensome because staff felt that central IT support was lacking for such a large-scale project.</p> <p>Staff also pointed out that clinical feedback was compromised by the SSR of 4:1 in clinics, which some thought too high, and the inadequate equipment which put staff under pressure to find alternative equipment when they could have been supervising, assessing and providing feedback to students.</p> <p>Therefore, the Panel acknowledges that feedback is provided, but that it has not always been provided within a reasonable time, and that this Requirement is not met.</p> |

| GOC REQUIREMENT | |
|------------------------|--|
| OP5.5 | <p><i>The provider must ensure that the external examiners are, within a reasonable timeframe, provided with a response to their reports, detailing any actions to be taken.</i></p> <p>Condition: The University's response to the External Examiners' report for the 2017/18 academic year must be sent to the External Examiners and the GOC by 30 June 2019. The GOC must also be provided with the External Examiners' reports for the 2018/19 academic year, with the university's response, by 31 January 2020.</p> |
| Date Due | <p>The University's response to the External Examiners' report for the 2017/18 academic year must be sent to the External Examiners and the GOC by 30 June 2019.</p> <p>The External Examiners' reports for the 2018/19 academic year, with the university's response, to be submitted to the GOC by 31 January 2020.</p> |
| Rationale | <p>The Panel studied the External Examiners' reports for the academic years 2013/14 to 2017/18, along with the School's action plans in relation to the reports for the years 2013/14 to 2015/16. An Institutional Action Plan for 2016/17 was also provided, but this did not relate specifically to the Optometry programme. The Panel also spoke to both current External Examiners independently.</p> <p>The External Examiners agreed that they had received no response to their observations on the previous year's examinations. This is disappointing because earlier reports had been critical of certain aspects of the invigilation process, e.g. students in different rooms receiving different amounts of time for the same examination, and late-arriving students causing disruption to other students. They also noted that the University's algorithm used to calculate degree classification allowed students to receive a higher degree than would have been the case at other institutions. The latter point had meant that at least one student had been awarded a 2:2 degree with an overall mark below 50%: a similar mark at other institutions would have resulted in a 3rd Class degree and the student would not have been eligible to begin their pre-registration period. Although the University had responded to these criticisms made in earlier reports, the same criticisms remained.</p> <p>They also noted that communication with the University had been poor since the Examinations Officer's position was withdrawn, and that there was no single point of contact to respond to queries.</p> <p>Therefore, the requirement to respond as required to External Examiners' reports has not been met.</p> |