

**Anglia Ruskin University**

**GOC Provisional approval visit**

**PGCert Contact Lens**

**24 and 25 February 2021**

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# PART 1 – VISIT DETAILS

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1.2 PROGRAMME DETAILS	
Programme title	Contact Lens.
Programme type	Postgraduate Certificate (Level 7).
Current approval status	Provisional Approval.
Approved student numbers	16.

1.3 GOC EDUCATION VISITOR PANEL	
Chair	<ul style="list-style-type: none"> <li>Barry Mitchell, Lay Chair.</li> </ul>
Visitors	<ul style="list-style-type: none"> <li>Graeme Stevenson, Dispensing Optician and Contact Lens Optician.</li> <li>Brendan Barrett, Optometrist.</li> <li>Mark Chatham, Dispensing Optician and Contact Lens Optician.</li> </ul>
GOC Officer	Shaun de Riggs, Approval and Quality Assurance Officer.
Other (observers, representatives)	Lisa Venables, Education Manager.

1.4. PURPOSE OF THE VISIT	
Visit type	Approval Visit
<p>This sub panel visit was a follow-up visit to the one that took place on 10 and 11 September 2020. The purpose of this visit was to consider the following:</p> <ul style="list-style-type: none"> <li>Whether the programme is ready to be recommended for full approval and, if so, from which exam board should full approval be granted.</li> <li>The progress with any current or outstanding conditions set for the programme. If there are any outstanding, should they remain, be extended or altered in any way?</li> <li>Are there any further conditions that need to be put into place following this visit?</li> <li>Have the students who have completed the course met the GOC requirements and should they be allowed to join the GOC's register for Contact Lens Opticians?</li> </ul>	

<b>1.5 PROGRAMME VISIT HISTORY</b>		
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
11 and 12 December 2018	Visit	GOC initial accreditation visit to Anglia Ruskin University's Contact Lens programme.
10 July 2019	Decision	Council decided to grant provisional approval to the proposed programme following the recommendation of the EVP approval visit.
10 September 2019	Visit	Sub panel follow up and clinic visit prior to the first cohort beginning the Contact Lens programme.
15 and 16 January 2020	Visit	Full panel visit (no visit report drafted due to a further visit scheduled for 10 and 11 September 2020 following EVP attendance at assessment events in June and August 2020) to Anglia Ruskin University's Contact Lens programme, including OSCEs observation.
25 June 2020	Visit (remote)	Sub panel observation of Anglia Ruskin University's Quality Management and process meeting, and a meeting with the External Examiner to the programme.
27 August 2020	Visit (remote)	Sub panel observation of Anglia Ruskin University's Module Assessment panel meeting.
10 and 11 September 2020	Visit (Remote)	<p>Full panel visit to Anglia Ruskin's Contact Lens programme, consolidating the Sub panel visits on 25 June 2020 (Quality Management and process meeting), and 27 August 2020 (Module Assessment panel meeting).</p> <p>The visit on 10 and 11 September 2020 resulted in the previous conditions outstanding at the January 2020 visit being deemed as met. An additional six requirements were identified as unmet and six new actions were set.</p>

<b>1.6 Previous unmet requirements and actions (conditions)</b>	
The unmet requirements and actions (conditions) listed in this section have been extracted from the report of the full approval quality assurance visit undertaken on 10 and 11 September 2020	
<b>C2.2</b>	<b>Supervisors must meet the GOC standards for optometrists and dispensing opticians.</b>
<b>Action 1</b>	ARU to produce evidence demonstrating that Supervisors are given sufficient guidance on how their students meet GOC standards for dispensing opticians/contact lens opticians.
<b>Met/Unmet</b>	<b>MET</b>
<b>Rationale</b>	As a result of discussions held, and evidence submitted, as part of the February 2021 quality assurance visit process, the Education Visitor Panel (EVP) recommended that this action was deemed as met.

<b>C3.5</b>	<b>When applicable, each individual student must maintain an accredited record of his or her PBL. This record must provide an opportunity for students to reflect on their strengths and weaknesses with comment from practice supervisors.</b>
<b>Action 2</b>	ARU to produce evidence of completed portfolios for all students in the first cohort, to include feedback from practice supervisors.
<b>Met/Unmet</b>	<b>NOT MET</b> - to be superseded by new condition (see <b>Action 1</b> in Part 3 of this report)
<b>Rationale</b>	<p>The panel noted that a number of deficiencies within several of the case records in the completed portfolios which they reviewed before the visit. The deficient areas included critical competencies such as clinical decision making (appropriate outcome and follow up), record keeping (the use of grading scales and the use of fluorescein) and cases where the clinical findings appeared to be too simplistic.</p> <p>The panel discussed this with the programme team and highlighted that there was not any evidence to indicate that these deficiencies were being identified by practice supervisors and fed back to the students in order that they had the opportunity to reflect on these appropriately. Therefore, the panel deemed that this requirement had not been met.</p>

<b>C3.6</b>	<b>At all stages GOC competencies must be known by students and appropriate tracking mechanisms should be in place to log the achievement of the competencies in their course work and PBL, documented in a portfolio.</b>
<b>Action 3</b>	ARU to produce evidence of completed portfolios for all students in the first cohort, to include tracking and evidence of achievement of all the competencies.
<b>Met/Unmet</b>	<b>MET</b>
<b>Rationale</b>	As a result of discussions held, and evidence submitted, as part of the February 2021 quality assurance visit, the EVP recommended that this action was deemed as met.

<b>C3.7</b>	<b>There must be a feedback mechanism on patient experience (anonymous) encountered during the PBL, through the use of the portfolio of records of patients seen, with a reflective commentary.</b>
<b>Action 4</b>	ARU to produce evidence of completed portfolios for all students in the first cohort, to include evidence of feedback provided to students relating to practice-based learning and portfolio of records.
<b>Met/Unmet</b>	<b>MET</b>
<b>Rationale</b>	As a result of discussions held, and evidence submitted, as part of the February 2021 quality assurance visit, the EVP recommended that this action was deemed as met.

<b>C3.8</b>	<b>The provider must have a regular monitoring process in place to ensure that each student accumulates appropriate patient records for that stage of their training.</b>
<b>Action 5</b>	ARU to provide evidence of the audit process that is undertaken which ensures that each student accumulates appropriate patient records for that stage of their training.
<b>Met/Unmet</b>	<b>MET</b>

<b>Rationale</b>	As a result of discussions held, and evidence submitted, as part of the February 2021 quality assurance visit, the EVP recommended that this action was deemed as met.
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<b>C4.1</b>	<b>Assessments must measure achievement appropriately.</b>
<b>Action 6</b>	ARU to produce evidence of completed portfolios for all students in the first cohort in order to demonstrate that the assessments robustly measure the achievement of competencies.
<b>Met/Unmet</b>	<b>NOT MET</b> (see <b>Action 2</b> at Part 3 of this report).
<b>Rationale</b>	<p>The panel noted a number of deficiencies within several of the case records in the completed portfolios which they reviewed before the visit. The deficient areas included critical competencies such as clinical decision making (appropriate outcome and follow up), record keeping (the use of grading scales and the use of fluorescein) and cases where the clinical findings appeared to be too simplistic.</p> <p>The panel noted that there was a system in place to measure the achievement of competencies but concluded that as the nature of deficiencies had not been identified by markers of the portfolios, the system was not sufficiently robust. Therefore, the panel deemed that this requirement had not been met.</p>

## PART 2 – VISIT SUMMARY

2.1 Visit outcomes	
The panel recommended that provisional approval for the PGCert Contact Lens programme should continue, with the next visit taking place by March 2022.	
Summary of recommendations to the GOC	
<b>New conditions</b>	<ul style="list-style-type: none"> <li>• <b>Four</b> previous conditions were deemed as <b>met</b>.</li> <li>• <b>Two</b> previous conditions were deemed to be <b>unmet</b>.</li> <li>• The previous conditions that were deemed as unmet have been <b>superseded by two 2 new conditions</b> set at this visit.</li> <li>• Please see Part 3 of this report regarding the above.</li> </ul>
<b>Student numbers</b>	13
<b>Approval</b>	Provisional approval continues until such time that the new conditions set out in this report (section 3) have been confirmed as met.
<b>Factors to consider when scheduling next visit e.g. when students are in, hospital, audit etc.</b>	A review of the conditions will take place which will include desk-based review and some meetings, the date of which will be dependent on the submission of documentation by the provider.

## PART 3 – CONDITIONS, ACTIONS AND RECOMMENDATIONS

<b>3.1 Conditions set at the visit</b>	
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 below along with the actions that are required to meet the requirement.	
<b>C3.5</b>	<b>When applicable, each individual student must maintain an accredited record of his or her PBL. This record must provide an opportunity for students to reflect on their strengths and weaknesses with comment from practice supervisors.</b>
<b>Action 1</b>	ARU must meet with Supervisors to outline their responsibilities more fully in assessing student work including but not limited to; clinical decision making, clinical deficiencies and case recognition.
<b>Date due</b>	<b>30 June 2021</b>
<b>Rationale</b>	<p>The panel noted that a number of deficiencies within several of the case records in the completed portfolios which they reviewed before the visit meeting. These were discussed with the programme team at the visit. The deficiencies identified by the panel were concerning and were deemed as ‘critical competencies’ because of the risk level associated with them.</p> <p>Examples of the deficiencies included:</p> <ul style="list-style-type: none"> <li>• clinical decision making - appropriate outcome and follow up.</li> <li>• record keeping -the use of grading scales and the use of fluorescein.</li> <li>• cases where the clinical finding appeared to be too simplistic.</li> </ul> <p>The panel could not find any evidence to suggest that these deficiencies had been identified and rectified by practice supervisors so that students may have the opportunity to reflect and correct them appropriately. The panel also considered that this lack of intervention by a supervisor could pose a risk to patient safety. Therefore, the panel deemed that this requirement had not been met.</p> <p>In order to ensure that case records provide an opportunity for students to reflect on their strengths and weaknesses with comment from practice supervisors, ARU are required to meet with Supervisors to outline their responsibilities more fully in assessing student work including but not limited to; clinical decision making, clinical deficiencies and case recognition.</p>
<b>C4.1</b>	<b>Assessments must measure achievement appropriately.</b>
<b>Action 2</b>	ARU to re-mark all portfolios with two independent markers, not restricted to but including specific attention to: <ol style="list-style-type: none"> <li>1. Clinical decision making – appropriate outcome and follow up.</li> <li>2. Clinical deficiencies – record keeping, use of grading scales and recording the use of fluorescein.</li> <li>3. Recognition of cases where it appears that the clinical findings recorded appear to be overly simplistic.</li> </ol>
<b>Date Due</b>	<b>30 June 2021</b>

<b>Rationale</b>	<p>As per the unmet requirement C3.5, the panel identified a number of deficiencies within the portfolios reviewed. The panel were concerned that these deficiencies did not appear to have been identified through the feedback from practice supervisors, by ARU staff invited to review a selection of portfolios before formal submission, and/or during the marking process.</p> <p>The panel heard that the university uses a double marking system in which a first marker assesses the portfolios, then a second marker separately assesses them and then sends the portfolio for review by the external examiner. The panel were informed that the external examiner looks more closely at the process undertaken at ARU and not the specific work completed by the students.</p> <p>Since the last visit in September 2020, the previous Programme Lead for the PGCert Contact Lens programme left her role at Anglia Ruskin University in December 2020/January 2021. The panel were concerned that the marking of the portfolios submitted by 18 December 2020 appeared to be rushed, and the first and second markers were not acting independently of each other as the second marker had access to the concerns and comments of the first marker.</p> <p>The panel noted that due to the nature and gravity of these deficiencies, markers of the assessments should have identified them. Therefore, the panel concluded that the system to measure the achievement of competencies was not robust enough.</p> <p>In order to ensure that assessments measure achievement appropriately, ARU are required to re-mark all portfolios with two independent markers, not restricted to but paying specific attention to; clinical decision making (appropriate outcome and follow up), clinical deficiencies (record keeping, use of grading scales and recording the use of fluorescein), and the recognition of cases where it appears that the clinical findings recorded appear to be overly simplistic.</p>
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<b>3.3 Recommendations offered at the visit</b>	
The panel offers the following recommendations to the provider. Recommendations indicate enhancements that can be made to a programme that are not directly linked to compliance with GOC requirements	
<b>C3.5</b>	ARU to give due consideration to reviewing and enhancing the methods of supervision for the programme and the marking of assessments to be implemented for future cohorts. The panel expect this to be addressed in the next annual monitoring submission to the GOC.
<b>C4.1</b>	