

Aston University
General Optical Council (GOC) Full Quality Assurance Visit
Graduate Diploma in Optometry BSc (Hons) Optometry MOptom (Hons) Optometry
19 & 20 November 2019

Date report completed	24 January 2020
Report confirmed by GOC	17 March 2020

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PART 1 – VISIT DETAILS

1.2 PROGRAMME DETAILS	
Programme title	Optometry
Programme type	Graduate Diploma & BSc (Hons) & MOptom (Hons)
Current approval status	Full approval
Approved/current student numbers	140

1.3 GOC EDUCATION VISITOR PANEL	
Chair	Vincent McKay
Visitors	Richard Allen - Optometrist/IP Paula Baines - Dispensing Optician/CLO Julie-Anne Little - Optometrist Barry Mitchell - Lay Nicholas Wilson-Holt - Ophthalmologist
GOC representative	Ella Pobee - Approval and Quality Assurance Officer
Observers	Alan Kershaw - Lay

1.4. PURPOSE OF THE VISIT	
Visit type	Quality Assurance Visit
<p>The purpose of this full, routine, quality assurance visit is to confirm that the Graduate Diploma in Optometry, BSc (Hons) Optometry, and MOptom (Hons) Optometry programmes (programmes) meet the requirements, as listed in the GOC's <i>Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry 2015</i> (the Handbook) and the <i>GOC Education A&QA-Supplementary Documents-List of Requirements</i>.</p> <p>The last quality assurance visit took place in November 2014.</p>	

PART 2 – VISIT SUMMARY

2.1 Visit outcomes & Summary of recommendations to the GOC	
Status of previous conditions	All previous conditions are deemed met
New Conditions	<ul style="list-style-type: none"> • 6 requirements are deemed insufficient • 2 actions have been set See section 3.1 for further discussion
New recommendations	<ul style="list-style-type: none"> • 5 recommendations are offered See section 3.2 for further discussion
Student numbers	YR1 (all programmes) 135 students YR2 (all programmes) 136 students YR3 (all programmes) 152 students YR4 (all programmes) 5 students
Next visit to be undertaken	November 2024
Factors to consider when scheduling next visit e.g. when students are in, hospital, audit etc.	None

2.2 Previous Conditions These conditions are extracted from the report produced as a result of the quality assurance visit carried out on 13 &14 November 2014			
Ref No.	Condition	Due date	Status
1	That in order to demonstrate compliance with the requirement outlined in Section 2.3.3e of the GOC Handbook, the department takes action to ensure that it can be clearly evidenced that all students comply with the requirement to complete, as part of the spectacle dispensing experience, six spectacle checks.	By the end of the academic year 2014-15	MET
2	That in order to demonstrate compliance with the requirement outlined in Section 2.3.3d of the GOC Handbook, the department takes action to ensure that the requirement for the specialist clinic experience can be clearly evidenced via the clinical logbook.	By the end of the academic year 2014-15	MET

2.3 Previous recommendations	
This recommendation is extracted from the report produced as a result of the quality assurance visit carried out on 13 &14 November 2014	
Description	Comments
That the department revises the clinical logbooks so that entries of episodes of clinical experience are directly linked to GOC stated requirements	COMPLETED

PART 3 – CONDITIONS

3.1 Conditions & Actions set at this visit	
<p>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 alongside the actions required to meet the conditions/unmet requirements:</p>	
A4.1	Providers must ensure students undertaking education, training (including practical experience), assessment for the purposes of becoming an optometrist or dispensing optician or gaining a GOC-registrable specialty are registered with the GOC for the duration of their training.
&	&
A4.2	Providers must ensure that no students whose registration has lapsed are allowed to undergo education, training, take any examinations or assessments towards an optical qualification, carry out any restricted functions, or work with the public until they have been restored to the GOC register.
&	&
A4.3	Providers must take reasonable steps to support students with their GOC registration and assure the GOC of their due diligence in confirming that all of their students are registered.
&	&
OP3.1	The provider must ensure that students comply with the GOC Standards for Students
Action 1	<p>The Programme Team must revise and formalise the procedure for checking GOC registration of optometry students. The revised policy must include:</p> <ul style="list-style-type: none"> • clear consequences for students who fail to register with the GOC. In line with GOC policy and legislation students must not engage in clinical activity if they are not registered with the GOC • a clear deadline for student GOC registration, including on-going renewal of their registration annually. Students must provide evidence of their registration • clear evidence that the appropriate checks have been completed • a compulsory declaration providing the GOC with details of any students who have failed to register and what actions have been taken
Date Due	13 th December 2019
Rationale	The Panel was given sight of the University's student registration procedure and advised this needs to be strengthened after being informed that four unregistered students are currently undertaking the BSc Optometry programme. The Programme Team has made various attempts to engage these students and discover why they remain unregistered; further work will be carried out to ensure these students are registered.

	<p>The Panel expressed concern that, in contravention of legislation, the students have been able to complete protected activities that only registered optometrists and registered student optometrists are entitled to perform whilst unregistered. As a result of its concerns the Panel was informed during the visit that the unregistered students had been suspended pending further investigation.</p> <p>The Panel emphasised the importance of making students aware that they are required to be registered with the GOC from the start of the programme and for appropriate checks to be in place to ensure this is carried out.</p> <p>The Panel informed the Programme Leadership Team that any training or assessment undertaken by the students whilst unregistered will not be recognised by the GOC and cannot contribute to the awarding of a GOC approved qualification. It sought assurance that any work undertaken by the students whilst unregistered will be reviewed and the students involved required to retake the relevant training and assessments, core competencies and patient episodes.</p> <p>The Panel also advised the Programme Leadership Team to review their procedures in relation to the completion of disclosure requirements.</p>
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A5.2	The award of qualifications using the protected title of optometrist and dispensing optician is limited to qualifications approved by the GOC as meeting the professional standards required.
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A5.3	Students who gain sufficient academic credits to receive an award but do not meet the professional requirements must receive an alternative award to that approved by the GOC. The alternative award must not use the protected title of optometry/dispensing optician.
Action 2	The Programme Leadership Team must ensure that exit awards that fail to meet the professional requirements to not include the use of protected titles
Date Due	31 st March 2020
Rationale	<p>The Panel was informed that, in line with University regulations, those students who do not pass the BSc programme but achieve sufficient credits will be awarded a Pass or Ordinary Degree in Optometry.</p> <p>The Panel expressed concern that, in contravention of GOC policy, this could give rise to the belief that this award is recognised by the GOC and/or enables the graduate to practise as an optometrist.</p> <p>The Programme Leadership Team informed the Panel that exit award titles will be reviewed to ensure that they do not include any protected titles or give the impression that the awards are part of the route to registration with the GOC. Approval of the changes will be sought from the appropriate School and University committees.</p>

3.2 Recommendations offered at this visit	
The Panel offers the following recommendations to the provider. Recommendations indicate enhancements that can be made to a programme but are not directly linked to compliance with GOC requirements.	
GOC requirement	Description
OP2.1	Appropriate and fit for purpose accommodation, clinic facilities and clinic equipment in academic and practice settings must be provided.
&	&
OP5.10	The provider must have an effective mechanism to identify risks to the quality of the education and training provided and to identify areas requiring development.
Recommendation 1	Equipment provision to be reviewed to ensure the range of equipment reflects contemporary practice
Recommendation 2	The estate remains fit for purpose and continues to meet the needs of the programme while decisions are made about the long-term plans
Rationale	<p>The University estate strategy has identified that the current building requires significant improvement and renovation. Discussions have started regarding the future of the building. The Panel identified a lack of clarity within the Programme Team as to the University's plans regarding the estate. It is hoped things will be clearer by the time of the next GOC visit. The Panel expressed concern that the building and equipment remain fit for purpose in the meantime.</p> <p>Any perceived risks regarding the building should be included in the GOC annual monitoring processes and internal quality assurance and evaluation processes.</p>
OP2.2	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.
Recommendation 3	To develop clear succession planning for critical roles within the programme team
Rationale	Discussions throughout the visit identified that one senior member of staff has sole responsibility for specific elements of the programmes. The Panel was concerned that this presents a significant risk to the programme and advised the Programme Leadership Team to consider the allocation of workload amongst the team.
OP4.2	Assessment methods must be in line with current practice and routinely monitored, quality assured and developed.
Recommendation 4	To continue to develop approaches, such as blue printing and standard setting, in line with contemporary assessment practices
Rationale	The Panel was given oversight of the current assessment processes and felt that these are robust. Discussion with the Programme Team identified that a review of the assessment procedures could lead to these being enhanced further.
OP6.5	A competence must only be signed off as a result of the required behaviours (performance criteria and indicators) having been demonstrated.
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<p>OP6.11</p> <p>&</p> <p>OP6.12</p>	<p>The portfolio must include evidence of how and when each individual element of competence was achieved by the individual student.</p> <p>&</p> <p>The portfolio must contain a case record for each individual patient episode contributing to the minimum requirements.</p>
<p>Recommendation 5</p>	<p>Investigate the feasibility of merging Meditrek and the iPad clinic application to facilitate an overarching clinic portfolio to indicate/link patient episodes with competency assessment and the date achieved</p>
<p>Rationale</p>	<p>The Panel was given a demonstration of both Meditrek and the iPad clinic application and felt that the use of both these mechanisms could be enhanced to provide a more valuable student experience by providing easier access to their learning experience/journey and consolidating the audit trail. The system currently easily identifies what the student has achieved and the date this occurred but not how they achieved the patient episode.</p>