Templates Libraryfor Approved Qualifications in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP)

Version 1

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## Introduction: About this library of submission templates

The regulation of education within optometry and dispensing optics is underpinned by legislation and quality assurance under powers given in Sections 12 and 13 of the Opticians Act 1989 (2005) which provide the legal framework under which the GOC operates.

This document contains a series of **submission templates**. These templates are designed to support current or prospective providers (‘providers’) of GOC approved qualifications to record and submit evidence to demonstrate how they meet, or intend to meet, the **Standards for Approved Qualifications** (‘standards’) and **Outcomes for Approved Qualifications** (‘outcomes’) in the **Requirements for Approved Qualifications in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP) (January 2022)** (‘requirements’). These templates should be used in conjunction with the **Evidence Framework** guidance and relevant **forms** in accordance with the Quality Assurance and Enhancement Method.

## How to complete the submission templates

Please select and complete the relevant submission template(s) required to support your submission. The template(s) you need to complete will be listed on the relevant form or as advised by the GOC Education team. The template(s) can be found within the folder alongside this guidance document.

* When completing a submission template, please fill in the relevant sections as indicated but do not alter the formatting or orientation of the submission template.
* Your completed template(s) should be a submitted as a single document (word or PDF) with any accompanying appendices (if relevant) submitted separately.
* We will agree with you the timescale and deadline for your submission and associated evidence in advance of any quality assurance and enhancement activity.
* Following review of your completed submission template(s) and associated evidence you may be required to submit additional items of evidence. If this is necessary, we will contact you.
* If you are not sure which templates you should complete or you have any questions regarding your submission, please contact the GOC’s Education team at [education@optical.org](mailto:education@optical.org).
* The GOC is committed to compliance with the General Data Protection Regulation (GDPR), please follow the hyperlink for details of our privacy policy and other related policies:

**https://optical.org/en/about-us/accessing-information/our-policies/**

## Template 1: Introduction (Standards for Approved Qualifications)

This template is to provide the opportunity to set out an overview of your qualification and how it will be designed and delivered.

Your introduction should include:

* Information about the provider and the qualification.
* An overview of the qualification, how the qualification has been developed and a summary of any recent major changes.
* Information that might be required as part of your submission, for example, as an application for qualification approval (Form 1B) or notification of adaptation (Form 2B).
* An explanation of how any open conditions and recommendations have been addressed including supporting evidence (if applicable).
* Where a provider has opted not to action a condition or recommendation, an explanation of the rationale for this decision should be provided (if applicable).

|  |
| --- |
| Introduction |
| * Enter your commentary in the box * Try to keep the text concise by using headings and bullets * Signpost to other forms or appendices where possible * Try not to exceed four pages |

## Template 2: Criteria Narrative (Standards for Approved Qualifications)

This template requires the provider to set out the details of how it will meet each individual standard.

How to complete this template:

* Please complete a box (as per the example below) for each of the required criterion within the **Standards for Approved Qualifications (AS, SP, IP)**. It will be clear in Forms 1B and 2B which criteria you should provide narrative for depending on the stage of your application. A pre-populated example is provided.
* Each criterion should include a short narrative (must be written in prose) in the box entitled ‘Provider’s commentary’ to explain how the criterion is met or is likely to be met and describes the evidence which demonstrates this.
* Please refer to the **Evidence Framework** and Quality Assurance and Enhancement Method which provides further detail of the evidence you need to consider providing when completing this section of the template.
* Supporting documents may be included as appendices and should be provided separately from this submission template. The file names in your narrative should be listed using ‘**Template 7 – List of Supplementary Documentation/Appendices**’. Please ensure that file names of supporting documents included as appendices are identical to those listed in Template 7, and are numbered sequentially and are concise.
* Reference to weblinks, appendices, file names, or module titles can be provided to support and shorten the narrative. Weblinks to publicly accessible documents may be included. If so, please signpost with your narrative specific paragraph numbers and/or pages of publicly accessible documents to aid ease of reference. Please check that the links are not broken, and that external access is permitted.
* Should your narrative relate to more than one criterion, it does not need to be repeated. Simply include a note referencing to the relevant commentary, e.g., ‘please refer to narrative under criterion S2.1’. You do not need to duplicate evidence - you may find that you can refer to a single supporting document/appendix multiple times across more than one criterion.
* Modules should be referred to by their full title and module code.
* Please refer to staff by their title name and title, and not by initials.
* We will agree with you the timescale and deadline for submission of this template and associated evidence in advance of any quality assurance and enhancement activity.
* Following review of your submission template and associated evidence you may be required to submit additional items of evidence. If this is necessary, we will contact you.

**EXAMPLE –**

**Standard 1: Public and patient safety**

Approved qualifications must be delivered in contexts which ensures public and patient safety and support trainee(s) development and the demonstration of patient-centred professionalism.

|  |  |
| --- | --- |
| No. | Criteria |
| S1.1 | There must be policies and systems in place to ensure trainees understand and adhere to the GOC’s Standards of Practice for Optometrists and Dispensing Opticians. |
| **Provider’s commentary** (Please refer to the **Evidence Framework** for the type of evidence required to demonstrate how you meet, or intend to meet, the criterion above) 1xA4 page max. | |

## Template 3: Qualification Diagram (Outcomes for Approved Qualifications)

This template is to illustrate how your qualification is structured.

How to complete this template:

* Please insert a diagram in the box below which best describes how your qualification is structured.
* Please ensure your diagram explains how your qualification is organised, for example, in terms of modules/credits/guided learning hours/years of study.
* Modules should be referred to by their full title and module code.

|  |
| --- |
| Qualification diagram |
| Enter diagram/description here |

## Template 4: Assessment Strategy (Outcomes for Approved Qualifications)

This template requires you to set out your assessment strategy.

How to complete this template:

* Please insert a diagram in the box below which best describes how the assessment of your qualification, and the outcomes are organised (for example, by module and year) and how each assessment item (diagnostic, formative and summative) contributes to the award of the qualification (for example, description of assessment items, credit allocation, pass criteria/mark, weighting per module etc.).
* Modules, if referenced, should be referred to by their full title and module code.

|  |
| --- |
| Assessment strategy |
| Enter diagram/description here |

## Template 5: Module/outcome map (Outcomes for Approved Qualifications)

This template will provide detail about how your qualification maps to the outcomes for approved qualifications.

How to complete this template:

* Please complete the table below by listing the module title (or equivalent) in the vertical column at the top of the table and indicate those modules that contribute to assessing each outcome with an ‘X’ (modules which contribute to teaching the outcomes, and/or have no summative assessment of the outcomes, can be marked with a ‘T’).
* Please list the staff who lead or contribute to the teaching and/or assessment of the module as indicated.
* Indicate with an ‘L’ those staff that lead the module and those that contribute with a ‘C’. Modules should be referred to by their full title and module code.
* Please add or delete columns as necessary.

**Example:**

|  |
| --- |
| Module/outcome map |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Module title** | **Example**: Introduction to Optometry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Year of study** | **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **RQF level** | **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Vol of credit** | **20** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Core (C) or optional (O)** | **C** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Staff Key**: **L** = module leader; **C** = module contributor | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prof Mildmay** | **L** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dr South** | **C** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Indicate the modules that contribute assessing the outcome with an ‘X’ (modules which contribute to teaching the outcomes (no assessment) can be marked with a ‘T’)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O1.1 | **X** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O1.2 | **T** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## Template 6: Outcomes Narrative (Outcomes for Approved Qualifications)

This template requires the provider to set out the details of how it will meet each individual outcome.

How to complete this template:

* Please complete a box (as per the example below) for each outcome within the **Outcomes for Approved Qualifications (AS, SP, IP)**.
* Each outcome should include a short narrative (must be written in prose) in the box entitled ‘Provider’s commentary’ to explain how each outcome is met or is likely to be met and describes the evidence which demonstrates this.
* Please refer to the **Evidence Framework** and Quality Assurance and Enhancement Method which provides further detail of the evidence you need to consider providing when completing this section of the template.
* Supporting documents may be included as appendices and should be provided separately from this submission template. The file names in your narrative should be listed using ‘**Template 7 – List of Supplementary Documentation/Appendices**’. Please ensure that file names of supporting documents included as appendices are identical to those listed in Template 7, are numbered sequentially and are concise.
* Reference to weblinks, appendices, file names, or module titles can be provided to support and shorten the narrative. Weblinks to publicly accessible documents may be included. If so, please signpost with your narrative specific paragraph numbers and/or pages of publicly accessible documents to aid ease of reference. Please check that the links are not broken, and that external access is permitted.
* Should your narrative relate to more than one criterion or outcome, it does not need to be repeated. Simply include a note referencing to the relevant commentary, e.g., ‘please refer to narrative under criterion O2.1’. You do not need to duplicate evidence - you may find that you can refer to a single supporting document /appendix multiple times across more than one outcome.
* Modules should be referred to by their full title and module code.
* Please refer to staff by their title name and title, and not by initials.
* We will agree with you the timescale and deadline for submission of this template and associated evidence in advance of any quality assurance and enhancement activity.
* Following review of your submission and associated evidence you may be required to submit additional items of evidence. If this is necessary, we will contact you.

**EXAMPLE –**

|  |  |  |
| --- | --- | --- |
| No. | Category: Person centred care | |
| **O1.1** | **Works collaboratively as part of wider MDT to ensure that the transfer and continuity of care (within and across all care settings) is developed and not compromised. (RPS-10.1) (IP) (SP) (AS)** | **DOES** |
| **How are trainees are supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome is assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

## Template 7: List of Supplementary Documentation/ Appendices

List below the documentary evidence that you are providing (suggested maximum 50) in the table below.

* The file names in your narrative should be identical to those listed below.
* Please ensure that file names of supporting documents included as appendices are numbered sequentially and are concise.

|  |  |
| --- | --- |
| **Appendix number** | **Appendix name** |
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## Template 8: Programme History

GOC Education Team to complete this template

|  |  |  |
| --- | --- | --- |
| **Programme history** | | |
| **Date** | **Event type** | **Overview** |
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