![General Optical Council logo]

The University of Hertfordshire
Provisional Approval Quality Assurance Visit
Independent Prescribing for Optometrists
27 & 28 April 2021 **Two-day visit**

Report confirmed by General Optical Council (GOC)	17 June 2021

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PART 1 – VISIT DETAILS

1.2 Programme details	
Programme title	Independent Prescribing for Optometrists
Programme type	Level 7 course certificate
Programme description	• The programme is delivered using online learning methods. • It comprises two 30 credit postgraduate modules. • Each module is delivered over a 4-month academic semester. • The programme delivery starts in January of each year*. *See section 4.1 for information on an approved exception.
Current approval status	Provisional approval.
Approved student number	In July 2019, the GOC approved the following student numbers: • 15 students in the first cohort. • 25 students from the second cohort onwards. In August 2020, the GOC approved: • 40 students in an additional, one-off, cohort to start in September 2020*. *See sections 1.5 & 4.1 for further information.

1.3 GOC Education visitor panel (EVP)	
Chair	Vincent McKay - Lay member
Visitors	Katie Carter - Lay member Pam McClean - IP Optometrist Graeme Kennedy - IP Optometrist
GOC representative	Ella Pobee - Approval & Quality Assurance Officer
Observers	John Deane – Lay member Janice McCrudden – IP Optometrist Rebekah Stevens – Optometrist Alexander Gorman – Dispensing & Contact Lens Optician
1.4. Purpose of the visit	
Visit type	Quality Assurance Visit

The purpose of this provisional approval quality assurance visit was to:

1. review the University of Hertfordshire's (University) Independent Prescribing for Optometrists programme (programme) to ensure it meets the requirements as listed in the GOC's *Handbook for Optometry Specialist Registration in Therapeutic Prescribing (July 2008)* (handbook) and the *GOC Education A&QA-Supplementary Documents-List of Requirements* (list of requirements).
2. consider whether the programme sufficiently meets the GOC's requirements for it to be granted full approval and make a recommendation to the executive on approval status.
3. consider the impact of the additional cohort that started in September 2020.
4. review whether the evidence submitted in support of action 5, set in August 2020, is sufficient for this action to be deemed met.

Due to the ongoing COVID-19 emergency this visit took place remotely.

1.5 Programme history		
Date	**Event type**	**Overview**
21/05/2019	Visit	An approval visit is conducted. The EVP recommends that: • Provisional approval is granted. • Student numbers be set at 15 students for the first cohort and 25 students from the second cohort onwards. • Five requirements be deemed unmet. • Four actions are set.
10/07/2019	Event	The GOC grants the programme provisional approval.
01/2020	Event	The initial cohort starts the programme.
02/04/2020	Change	The University submits a request to: • Admit an additional, one-off cohort in May 2020. • Increase student numbers in this cohort to 40 students.
19/05/2020	Change	The GOC: • Agrees to increase the size of the additional cohort to 40 students. • Decides a quality assurance visit must be carried out to review the programme in relation to the request for an additional cohort. • Declines the request for an additional cohort starting in May 2020.
11/08/2020	Visit	A provisional approval quality assurance visit is carried out. The EVP recommends that: • Two requirements be deemed unmet. • Five actions are set. Two of these actions are linked to unmet requirements and three are linked to the request to start an additional cohort in September 2020 (see section 4.1 for further information).
04/11/2020	Change	The University submits a request to deliver module two's final assessment online due to the effects of the ongoing COVID-19 emergency. This request is approved by the GOC.

1.6 Previous unmet requirements (conditions) and actions		
The unmet requirements and actions listed below are extracted from the report of the provisional approval quality assurance visit undertaken in August 2020.		
Requirement number	**Action number & description**	**Status**
IP1.11	1. Evidence must be submitted that identifies what the programme's two days of face-to-face learning activities consist of, and how these activities will be delivered.	This action was deemed **MET** by the executive prior to the April

			2021 visit taking place.
A1.1	2.	Evidence must be submitted that programme materials and the website have been amended to identify the current approval status of the programme.	This action was deemed **MET** by the executive prior to the April 2021 visit taking place.

The following conditions were set in relation to the additional, one off, cohort. See section 4.1 for further information. *Due to the commencement of the additional cohort in September 2020 the University was asked to provide evidence in support of these conditions prior to the visit report being ratified.*			
N/A	3	An update on the full/whole time equivalent (FTE/WTE) staffing for the IP programme must be submitted. This should include current and proposed staffing for the duration of the additional cohort/academic year 2020-2021	This action was deemed **MET** by the executive prior to the April 2021 visit taking place.
N/A	4	Evidence must be submitted that confirms the appointment of the additional IP member of staff whose employment was contingent on a positive outcome of the additional cohort decision.	This action was deemed **MET** by the executive prior to the April 2021 visit taking place.
N/A	5	Evidence must be submitted of the evaluation/review/quality assurance of module two of the programme.	As a result of discussions held, and evidence submitted, as part of the April 2021 visit the EVP recommends this action is deemed **MET*** *See section 4.2 for further information.

1.7. Previous recommendations offered	
The recommendations listed below are extracted from the report of the provisional approval quality assurance visit undertaken in August 2020.	
Recommendation 1	The EVP suggests student registration checks are carried out before the start of each module.
Recommendation 2	The EVP recognises the variety of teaching and learning methods there currently is but considers that interactivity within the methods can be increased and suggests that the programme team considers, for example, the use of online discussion groups and recorded lectures.

PART 2 – VISIT SUMMARY

2.1 Visit outcomes & summary of recommendations to the GOC	
New conditions	The EVP recommends that: • **One** requirement is deemed **unmet.** • **Two** actions are set. One of these actions is linked to an unmet requirement and one is linked to the pre-visit documentation submission.
New recommendations	The EVP recommends that: • **Six** recommendations are offered.
Student numbers	• Cohort one – five students. This inaugural cohort started in January 2020 and has completed the programme. • Cohort two - 20 (including one student who has deferred their studies). This cohort started in September 2020 and has completed module one. • Cohort three -15 students. This cohort started in January 2021 and is currently completing module one.
Approval/next visit	April 2022.
Factors to consider when scheduling next visit e.g., when students are in, hospital, audit etc.	• The programme is delivered from January-January, outside of the usual academic year. • The EVP will need to speak with visiting lecturers and the full programme team as it was unable to do so at this visit. • The EVP will need to speak with students from cohorts two and three. • The Examinations Board and final external examiner reports for the academic year 2021/22 will not be available until July 2022. These will be requested after the visit has taken place. • The EVP would like to observe the delivery of an objective structured clinical examination (OSCE) as part of the visit process. • The next visit is intended to review the programme against the relevant requirements and standards. The outcomes of the GOC's Education Strategic Review (ESR) will be known by the time of the next visit and the EVP will

	welcome guidance as to which quality assurance process this programme should be reviewed against.

2.2 Non-applicable requirements	
The EVP recommends that some requirements be deemed non-applicable to the programme at this stage due to its structure and level and the differing, but overlapping, roles and responsibilities of the University and the College of Optometrists (CoO) for example: • the programme is set at postgraduate level. • the University only provides the theory aspect of the route to registration. • the CoO is responsible for the clinical placement and ensuring all the elements of portfolio are completed under supervision. • the administration of the Therapeutic Common Assessment Framework (TCAF) is the responsibility of the CoO. Additionally, the panel recommends that some requirements be deemed non-applicable to the programme as: • the University does not have a commercial partner for this programme. • the University does not accept RPL/APL* applications for this programme.	
A3.1	Providers must have a robust RPL/APL policy and associated procedures in place, which are quality assured and align with GOC policy
A5.1	Student optometrists or dispensing opticians must always make sure a patient knows their student status.
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.
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.
IP2.1	Providers inform the GOC of any commercial sponsorship of the training programme.
IP3.2	Students must receive comprehensive clinical practice.
IP3.3	It will normally be for the student to arrange the clinical practice placement and the appropriate mentorship during the placement, and to inform the College of Optometrists (the College) (and the provider, as appropriate) of the details.
IP3.4	The clinical practice placement must normally be undertaken in the UK.
IP3.5	The clinical practice placement should be spent in a hospital eye service or specialist general practice under the supervision of a designated ophthalmologist, and provide the experience stated in the patient experience requirements.
IP3.6	Where there is an issue requiring resolution concerning the suitability of a practice placement, the issue and supporting evidence must be referred to the GOC for arbitration.
IP3.7	The student must make suitable arrangements for their mentorship
IP3.8	The choice of mentor and the environment in which the mentorship will be delivered must be recorded by the College (and the provider, as appropriate).
IP3.9	The student must register with the College in advance of commencing their practice placement, providing details of the mentorship.
IP3.10	The designated mentor must provide supervision, support and appropriate clinical exposure so that the student can develop links between theory and practice.

IP3.11	The provider must ensure that the mentor is sufficiently familiar with the requirements of the training programme and the need to achieve the stated learning outcomes and competencies.
IP3.12	The PBL must ensure that the student is competent in the assessment, diagnosis and management of the ophthalmic conditions for which the optometrist intends to prescribe.
IP3.13	The PBL must ensure that the student is able to recognise those sight threatening conditions that should be referred.
IP3.14	The PBL must ensure that the student is able to consult effectively with patients.
IP3.15	The PBL must ensure that the student is able to monitor the response to treatment to review both the working and differential diagnosis, and to modify treatment or refer/consult/ seek guidance as appropriate.
IP3.16	The PBL must ensure that the student makes clinical decisions based on and with reference to the needs of the patient.
IP3.17	The PBL must ensure that the student critically analyses and evaluates his or her ongoing performance in relation to prescribing practice.
IP3.19	Clinical training must be structured to ensure that each student is exposed to sufficient numbers of patients presenting with the conditions that he or she will manage therapeutically. In addition, the student must be exposed to a range of ophthalmic conditions so as to develop differential diagnostic skills.
IP3.20	Each student must maintain a log book of practice evidence to verify that learning outcomes and core competencies have been achieved.
IP3.21	The log book must contain details of all patients seen, signed off by the mentor, and an indication of the actual involvement of the student in each patient episode.
IP3.22	Full information regarding each patient's clinical presentation, management and follow-up must be provided.
IP3.23	A reading log of the literature that has been used by the student to inform his or her understanding of prescribing practice must be provided.
IP3.24	The log book must evidence that the student has critically reflected on his or her own performance and show evidence of personal and professional development.
IP3.25	A summary sheet showing where in the log book the evidence for the achievement of learning outcomes can be found must be provided.
IP3.26	The student's involvement in the patient care episodes described in the log book must be signed off by the supervising medical practitioner.
IP3.27	The log book must be submitted to the examiners prior to the final assessment.
IP4.3	There must be a formal assessment, carried out by the College or other GOC approved provider, in the form of the Therapeutic Common Final Assessment (TCFA) at the conclusion of the clinical placement.
IP6.1	Optometrists must successfully complete the Common Final Assessment of Competence.
IP7.6	In order to maintain currency of knowledge, no more than two years may elapse between the student's completion of the theoretical element of the programme and the commencement of their clinical placement.
IP7.7	No more than two years may elapse between the student's completion of the clinical placement and their taking the College's Therapeutic Final Common Assessment [TCFA] (or suitable and approved alternative).

* Recognition of Prior Learning/Accreditation of Prior Learning

For further information on the issues considered, and the recommendations offered, during the visit see the following sections of the report:	
Visit issue	**Section of report**
Review of the programme to ensure it meets the requirements as listed in the handbook and the list of requirements.	Whole report
Status of the outstanding unmet requirement (condition) and action set at the provisional approval quality assurance visit undertaken in August 2020.	1.6 & 4.2
Review of the impact of the delivery of the additional, one-off cohort on the programme.	4.1
Review of the programme against the requirements as listed in the handbook and the list of requirements to establish if these have been sufficiently met to enable a recommendation to be made to the GOC Council regarding the granting of full approval.	Whole report

PART 3 –CONDITIONS, ACTIONS & RECOMMENDATIONS

3.1 Conditions set at the 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 below along with the actions that are required to meet the requirements.	
A6.4	Providers must notify the GOC, as soon as practicable, of any planned or actual changes or events likely to influence the quality of the programme leading to the qualification and/or its delivery, in line with GOC notifications requirements
Action 1	The University must use the GOC's notification of events and changes process to inform the GOC of the decision not to accept RPL/APL applications to the programme.
Date Due	31st May 2021
Rationale	During the August 2020 provisional approval quality assurance visit, the EVP was informed an RPL/APL policy was in place but that the programme had received no applications requesting this be considered. During the current visit, the EVP was informed that the RPL/APL route is no longer available to students applying to the programme. The programme team explained that the change has been made to enable the University to be assured that students meet both the required learning outcomes of the programme and the GOC's requirements and that this can be easily evidenced. The programme team informed the EVP that the GOC had not been notified of this change. The EVP considered that the GOC should have been notified of this change and requested that this was completed retrospectively. Additionally, the EVP consider the lack of an RPL/APL route should be made explicit on the programme's website page and within the programme's application information.

The following condition was set to ensure that future quality assurance activities are monitored and maintained and not as a result of an unmet requirement found at this visit.	
A6.2	Providers must provide sufficient information to the GOC, as requested, and in a timely manner.
Action 2	The University must submit the external examiner's final report submitted to the 2021 Examinations Board and the 2021 Examinations Board minutes.
Date Due	31 August 2021
Rationale	Due to the submission deadline of the pre-visit documentation the University was unable to submit the final report completed by the external examiner. The EVP was assured by the documentation that was submitted, and by the discussions held with the programme team and the external examiner, that the requirements relating to the governance, monitoring and evaluation of the programme have been sufficiently met. The EVP is requesting these documents to obtain further assurance on the University's processes in relation to the programme and to verify the written and verbal information received prior to, and during, the visit about the performance of the programme.

3.2 Recommendations offered at the visit	
The EVP 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	
IP1.2	A selection of teachers from relevant different disciplines is involved in the delivery of the programme.
Recommendation 1	The programme leadership team to consider the allocation of workload amongst the team.
Rationale	Discussions throughout the visit identified that the programme lead has sole responsibility for most elements of the programme across both the delivery and management of the programme. While the EVP team recognises that the Head of Optometry has a good working relationship with the programme lead and close oversight of the programme, the EVP is concerned that having one member of staff with such wide-ranging responsibilities presents a potential risk to the programme. The programme team is aware of this issue and informed the EVP of some of the strategies it intends to use to resolve it, including expanding the responsibilities of current visiting lecturers.
Recommendation 2	The programme team to continue its work to increase multi-disciplinary learning opportunities and formalise these within the programme.
Rationale	The programme team informed the EVP that it has identified ways in which the quantity and range of multi-disciplinary learning opportunities can be increased within the programme. The EVP welcomed the ideas presented during these discussions and will consider their inclusion at the next visit.

IP4.4	Assessment strategies must be made explicit, in particular the criteria for pass/fail and the details of the marking scheme.
Recommendation 3	Assessors should be provided with the appropriate training and guidance to ensure consistency.
Rationale	Pre-visit documentation and discussions held during the visit identified that assessor variability has been raised as a concern by staff . The EVP considers that the introduction of structured, ongoing training and guidance for assessors, especially about the programme's OSCEs, may be a way of mitigating this variability.

IP5.1	Providers must have quality assurance information/handbooks which indicate the quality assurance arrangements to audit the appropriateness of the learning/assessment environments and provide guidance to achieve the requirements of this handbook.
Recommendation 4	The programme team to explore a mechanism that facilitates the attendance of the programme lead at, and the submission of information about the programme to, the Programme Committee. &

Recommendation 5	The programme team to create a formal process that provides assurance that visiting lecturers are able to contribute to the governance, evaluation and monitoring of the programme.
Rationale	The EVP was informed of the University's formal governance structures.
	The EVP was concerned to note, based on the minutes, that the programme has not been formally discussed during Programme Committee meetings. Additionally, due to scheduling conflicts neither the programme lead nor a student representative had been able to attend the meetings.
	The EVP notes that the programme is designated as a short course by the University but is seeking to ensure that it is fully incorporated within University structures and is formally evaluated.
	The EVP was informed of the ways that visiting lecturers contribute to the evaluation and monitoring of the programme. It noted that this takes place informally at present and considers that this should be structured to ensure there is a formal way for visiting lecturers to contribute the knowledge and experience they gain in delivering the programme.
Recommendation 6	The programme team should create a formal process of auditing and updating the virtual learning environment (VLE) to ensure the information it contains is relevant and up to date.
Rationale	The programme team informed the EVP that the VLE is updated by the programme lead. The EVP was concerned to note there is no formal process for the auditing and updating of the VLE and considers this would enhance the programme and ensure it remains relevant and up to date. Additionally, such a structure would enable a formalised approach of engagement for relevant stakeholders, for example, visiting lecturers.

3.3 Commendations made at this visit

The panel wishes to commend the following areas:

- The demonstrable commitment of the programme lead.
- The inclusion of the completion of logbooks for students to gain experience prior to starting the clinical placement.
- The provision of mentor guidance for students to share with their mentors.

PART 4 – ADDITIONAL ISSUES

4.1 Impact of the admission of an additional cohort in September 2020	
Background	• The University was granted permission to admit an additional, one-off, cohort of 40 students in September 2020. • The University was set three actions in relation to this additional cohort. Two of these actions were deemed met by the GOC prior to the visit. As part of this visit the EVP has recommended that the third be deemed met (see sections 1.6 & 4.2 for further information).
Conclusions	The EVP concluded that it has no concerns about the impact of the additional cohort on student experience or the programme's ability to meet the GOC's requirements and standards.
Rationale	The EVP considered the following in reaching its conclusions: • Evidence submitted as part of the pre-visit documentation. • Discussions held with students from cohorts one and two, the external examiner and the programme team during the visit. The EVP was sufficiently assured about the impact of the additional cohort due to the following: • The programme team was able to verbally demonstrate how it has managed the additional cohort (alongside the usual cohorts). • The small numbers of students enrolled onto the second cohort. • The additional staff discussed at the August 2020 provisional approval quality assurance visit have been recruited and current staffing levels are sufficient to meet the needs of all cohorts. • The programme is designed to be delivered online. • The programme team was able to identify how the additional cohort has been accommodated in light of the ongoing COVID-19 emergency. For example, assessments were delivered online using ProctorU (a live, online proctoring service). The programme team aims to deliver assessment face to face in September 2021 and informed the EVP of the measures that will be taken to make this COVID-19 safe, including dividing the cohort into small groups and the use of screens and appropriate spacing.

4.2 Outstanding 2020 unmet requirements (conditions) and actions	
Action 5	Evidence must be submitted of the evaluation/review/quality assurance of module two of the programme.
Recommendations & Outcomes	The EVP recommends that this action be deemed **MET.** No further action is required.
Rationale	Prior to the visit, as part of the pre-visit documentation, the University submitted the following documentation to the EVP: • Student feedback from cohort one. • The module lead's evaluation report.

	• The February 2021 Examinations Board report that considers both modules.
	• A quality assurance report.
	Upon reviewing the documents, the EVP considered them sufficient to meet the requirements of this action.