THE UNIVERSITY OF HUDDERSFIELD
GENERAL OPTICAL COUNCIL (GOC) PROVISIONAL APPROVAL QUALITY ASSURANCE VISIT
BSc (HONS) OPTOMETRY
20 APRIL 2021

Report confirmed by GOC	05 November 2021

TABLE OF CONTENTS

PART 1 – VISIT DETAILS 3
1.2 Programme details 3
1.3 GOC Education Visitor Panel 3
1.4 Purpose of the visit 3
1.5 Programme history 4
PART 2 – VISIT SUMMARY 6
2.1 Visit outcomes 6
2.2 Previous conditions 7
2.3 Previous recommendations 7
The recommendations listed below are extracted from the report of 21 May 2020 7
2.4 Non-applicable requirements 9
2.5 Navigating this report 10
PART 3 – CONDITIONS & RECOMMENDATIONS 11
3.1 Conditions set at this April 2021 visit 11
3.2 Conditions set after the visit 12
3.3 Recommendations offered at this visit 16
PART 4 – ADDITIONAL ISSUES 18
4.1 Outstanding May 2020 unmet requirements and conditions 18

PART 1 – VISIT DETAILS

1.2 Programme details	
Programme title	BSc (Hons) Optometry.
Programme description	• The BSc (Hons) Optometry programme is a three-year, full-time programme that adheres to the standard academic year. • The University of Huddersfield delivers the theory element of the route to registration including all stage one competencies. • Upon successful completion of the programme students are able to progress onto the Scheme for Registration delivered by the College of Optometrists (CoO). The CoO is responsible for the clinical placement, all stage two competencies and the qualifying examinations.
Current approval status	Provisionally approved (PA)
Approved student numbers	There are currently two cohorts in place: • Cohort one – 30 students • Cohort two – 68 students

1.3 GOC Education Visitor Panel	
Chair	Barry Mitchell - Lay member
Visitors	• Jane Andrews – Lay member • Nicola Szostek – Optometrist/Independent Prescribing Optometrist member • Pam McClean – Optometrist/Independent Prescribing Optometrist member • Graeme Stevenson - Dispensing Optician/Contact Lens Optician member
GOC representative	Ella Pobee - Approval & Quality Assurance Officer
Observers	• Sarah Fishburn – Lay member • Gail Fleming – Lay member • Kiki Soteri – Optometrist/Independent Prescribing Optometrist member • Brian McCotter – Optometrist member

1.4 Purpose of the visit	
Visit type	PROVISIONAL APPROVAL QUALITY ASSURANCE VISIT

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

1. Review the University of Huddersfield's (University) BSc (Hons) Optometry programme (programme) to ensure it meets the requirements as listed in the GOC's *Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry 2015* (handbook) and the *GOC Education A&QA-Supplementary Documents-List of Requirements* (list of requirements).
   - o The April 2021 Education Visitor Panel (EVP) was asked to pay particular attention to the requirements that the May 2020 EVP had deemed *unable to assess* during their visit due to the COVID-19 emergency and the stage of the programme.

2. Review whether the evidence submitted in support of conditions 1 & 2, set in May 2020, was sufficient for the conditions to be deemed met.

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

1.5 Programme history		
Date	**Event type**	**Overview**
21/05/2018	Administration	Initial application received by the GOC for a three-year programme entitled *BSc (Hons) Optometry*.
14/08/2018	Event	University validation event held-attended by the GOC Approval & Quality Assurance Officer.
09/2018	Administration	Review of the application completed by the EVP. It found insufficient evidence to progress to a visit. There were no significant concerns over the feasibility of the programme, however the EVP was concerned about the amount of work to be achieved for a 2019 start.
26/10/2018	Administration	Outcome of EVP's deliberations sent to the University.
15/10/2018	Event	The GOC Education Committee noted the application received in May 2018 and the progress made to date.
16/01/2019	Meeting	A teleconference was held between the GOC executive, the EVP, and the University to discuss the EVP's review completed in September 2018.
03/2019	Administration	The University submits a response to the EVP's review.
16/05/2019	Visit	An approval visit was undertaken. The EVP recommends that six requirements be deemed unmet and provisional approval be awarded.
25/06/2019	Event	The EVP's recommendation was presented to the Education Committee. Provisional approval was not recommended due to concerns regarding staffing, student quality & student numbers.
10/07/2019	Event	The (differing) recommendations of the EVP, executive and Education Committee were presented to Council. Provisional approval was granted subject to a further assessment of risks and unmet requirements by the Chief Executive & Registrar (CE&R). The CE&R set a further condition.
09/09/2019	Visit	A clinic visit was undertaken. The EVP recommended one condition was set.
09/2019	Event	The inaugural cohort starts the programme.
04/2020	Change notification	The executive triages information submitted in relation to COVID-19. No further action was required of the University.
21/05/2020	Visit	A provisional approval quality assurance visit was undertaken. The EVP recommended the following which were accepted by the executive: • 7 unmet requirements • 4 conditions • 7 recommendations • 3 commendations
09/2020	Administration	Evidence in support of the conditions was submitted and triaged by the Officer. Further information was requested

		from the University as the evidence was found to be insufficient.
12/2020	Administration	The further evidence requested was reviewed by the EVP. The EVP recommended that conditions 1 & 2 be deemed unmet and conditions 3 & 4 be deemed met.
03/2021	Administration	The University was informed the outstanding conditions would be reviewed as part of the EVP visit in April 2021 and that further action, including a serious concerns review (in line with the GOC's *Effective Conditions Management process*), may be taken if the conditions were deemed to be unmet at the visit.

PART 2 – VISIT SUMMARY

2.1 Visit outcomes	
Summary of recommendations to the GOC	
Previous conditions	The April 2021 EVP recommends that: • **One** previous condition is deemed **MET**. • **One** previous condition is deemed **UNMET**. (Two other previous conditions had been deemed MET by the executive in December 2020) Details regarding the previous conditions are set out in sections **2.2 and 4.1**.
New conditions	The EVP recommends that: • **Four** requirements are deemed **UNMET**. • **Three** conditions are set. In addition, the executive set a further **five** conditions. Details regarding the conditions are set out in **Part 3**.
New recommendations	The EVP recommends that: • **Three** recommendations are offered. Details regarding the recommendations are set out in **Part 3**.
Actual student numbers	There are currently two cohorts in place: • Cohort one – 28 (started in September 2019) • Cohort two – 66 (started in September 2020)
Next visit	By March 2022
Factors to consider when scheduling next visit e.g., when students are in, hospital, audit etc.	The next routine visit is intended to review the programme against the handbook and list of requirements to see if these have been sufficiently met to enable a recommendation to be made to the GOC Council regarding the granting of full approval. This visit may be delayed and/or additional visits may be required due to current concerns about the programme's ability to meet the GOC's requirements.

2.2 Previous conditions The conditions listed below are extracted from the report of 21 May 2020		
Requirement number	**May 2020 Condition number and description**	**Status at April 2021**
OP2.12 & OP3.5 & OP5.11 & OP6.1	<u>Condition 1</u> The programme team must submit evidence of the following between the University and the nominated private provider in relation to the delivery of the university eye clinic (UEC): 1. a signed contract 2. details of the partnership and governance arrangements 3. details of the work that has taken place to date in relation to the partnership including risk assessments, records of meetings, and the schematic details of the proposed timescale for opening and implementation.	As a result of discussions held, and evidence submitted as part of this visit, the April 2021 EVP recommends this condition is deemed **UNMET.** This condition has been superseded. Further commentary regarding this can be found in sections 3.1 and 4.1 of this report.
OP2.12	<u>Condition 2</u> Signed contracts to be submitted to confirm the provision of hospital placements.	As a result of discussions held, and evidence submitted as part of this visit, the April 2021 EVP recommends this condition is deemed **MET.** Further commentary regarding this can be found in section 4.1 of this report.
OP1 & OP5.9	<u>Condition 3</u> The University must submit the completed course materials for year 2- semester 1 by 31 August 2020.	This condition was deemed **MET** by the executive prior to this visit taking place and was not reviewed by the EVP at this visit.
OP1 & OP5.9	<u>Condition 4</u> The University must submit the completed course materials for year 2- semester 2 by 1 December 2020.	This condition was deemed **MET** by the executive prior to this visit taking place and was not reviewed by the EVP at this visit.

2.3 Previous recommendations The recommendations listed below are extracted from the report of 21 May 2020		
Recommendation 1	The programme team continues the good work it has begun fostering links with	

	professionals and students from other disciplines so that optometry students gain an understanding of their role within the wider healthcare team.	See recommendation 1 in section 3.3 below.
Recommendation 2	The EVP recognises that the recruitment of staff is ongoing and requests that regular updates are provided as part of ongoing quality assurance activity.	The EVP was assured by the levels, and range, of staffing that have been recruited to the programme since the last visit.
Recommendation 3	The programme team should continue to pursue the appointment of an individual with a dispensing qualification to enhance the delivery of teaching and practical skills.	The EVP was assured by the levels, and range, of staffing that have been recruited to the programme since the last visit.
Recommendation 4	The programme leadership team to consider the allocation of workload amongst the team; discussions throughout the visit identified that one senior member of staff has sole responsibility for specific elements of the programme. The EVP is concerned that this presents a potential risk to the programme.	The EVP notes that additional staff have been recruited and the workload distributed more evenly.
Recommendation 5	The programme team to continue to develop resources for the supervision of students in the third-year clinical setting.	See conditions 3, 5, and 8 in sections 3.1 and 3.2 below.
Recommendation 6	The programme team to provide evidence of the engagement that has taken place to date.	The EVP recognises that the University has continued to build relationships with its stakeholders and acknowledges the impact of the ongoing COVID-19 emergency. See also recommendation 3 in section 3.3 below.
Recommendation 7	The programme team should submit regular updates to the GOC regarding amendments made to the programme due to the COVID-19 emergency and utilise the GOC's notification of reportable events and changes process as required.	The University has continued to inform the GOC as appropriate.

2.4 Non-applicable requirements

The EVP recommends that some requirements be deemed non-applicable to the programme at this stage due to:

- The programme's structure and level.
- The stage of the programme at the point at which the visit was undertaken (there were no year three students in place).
- The differing, but overlapping, roles and responsibilities of the University and the CoO:
  - the University provides the theory aspect of the route to registration including all stage one competencies.
  - the CoO is responsible for all stage two competencies and ensuring all the elements of the portfolio are completed under supervision.

These requirements will be reviewed during ongoing quality assurance activity as the programme progresses.

A5.1	Student optometrists or dispensing opticians must always make sure a patient knows their student status.
OP3.3	All clinical activities and elements of practice-based learning must be carried out under the supervision of a GOC-registered and approved supervisor who meets the GOC requirements *(see *** on page 22 for further information)*.
OP3.7	The provider must ensure students receive comprehensive guidance and support throughout any periods of practice-based learning.
OP4.4	Those responsible for the assessment and signing off of core competencies must be suitably qualified and have the appropriate skills, experience and training required to undertake assessment (outlined in Appendix I).
OP6.2	If difficulty occurs in enabling the student to achieve the required patient experience, the provider must notify the GOC of the proposed alternative learning experience offered to the student to fulfil the requirements.
OP6.7	Students must demonstrate that they have achieved a Certificate of Clinical Competence at Stage 1 in order to begin their external supervised pre-registration placement.
OP6.8	Students must have been taught and assessed as competent against each of the Stage 1 GOC Core Competencies.
OP6.9	Students must acquire the minimum amount of real patient experience with each patient group as per the competencies and patient experience requirements.
OP6.10	Students must hold certified portfolios containing a record of both their patient experience and achievement of all core competency elements.
OP6.11	The portfolio must include evidence of how and when each individual element of competence was achieved by the individual student.
OP6.12	The portfolio must contain a case record for each individual patient episode contributing to the minimum requirements.
OP6.13	The portfolio must include evidence of the development of the student's professional judgement through critical thinking and reflection
OP6.14	Upon completion of the pre-registration placement, the provider must inform the GOC that the student has achieved professional competence at Stage 2 so as to allow them to apply for entry to the GOC Register of Optometrists.
OP6.15	Students must be assessed as competent against each of the Stage 2 GOC Core Competencies.
OP6.16	Students must acquire the minimum amount of patient experience within each patient category (attached in Appendix F).
OP6.17	Students must hold certified portfolios containing a record of both their patient experience and achievement of all core competency elements.

OP6.18	The portfolio must include evidence of how and when each individual element of competence was achieved by the individual student.
OP6.19	The portfolio must contain a case record for each individual patient episode contributing to the minimum requirements.
OP6.20	The portfolio must include evidence of the development of the student's professional judgement through critical thinking and reflection.

2.5 Navigating this report	
For further information on the issues considered, and the recommendations offered, during the visit see the following sections of the report:	
Visit purpose	**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
Review of the status of the outstanding unmet requirements identified, and conditions set, at the provisional approval quality assurance visit undertaken in May 2020.	2.2 & 4.1

PART 3 – CONDITIONS & RECOMMENDATIONS

Conditions are applied to training and assessment providers if there is evidence that the GOC requirements are not met.
Recommendations indicate enhancements that can be made to a programme and may not be directly linked to compliance with GOC requirements.

3.1 Conditions set at this April 2021 visit The unmet requirements for this visit are set out below along with the conditions that are required to meet the requirements.	
A6.2	Providers must provide sufficient information to the GOC, as requested, and in a timely manner.
Condition 1	The University to submit evidence of completed logbooks following the Awards Board in June 2021.
Date due	30 June 2021.
Rationale	Due to the submission deadline of the pre-visit documentation the University was unable to submit competed logbooks. The programme lead explained that completed logbooks can be provided after the June 2021 Awards Board meeting has taken place. The EVP requested these documents to obtain further assurance on the University's processes in relation to the programme and to verify the written and oral information received prior to, and during, the visit about the performance of the programme. The EVP was assured by the documentation that was submitted, and by the discussions held with the programme team, students and the external examiner, that the review of the completed logbooks could be postponed for a short time.

OP2.12	Providers must ensure that external practice providers are made aware of their responsibilities for creating the right environment for effective practice-based learning to take place.
Condition 2	The University must provide evidence of increased hospital placement capacity to ensure it meets the needs of the upcoming cohorts. This should include signed contracts that specify student numbers.
Date due	1 April 2022.
Rationale	The EVP was assured by the signed contracts submitted to date and by the information gained orally from the current hospital placement representative during the visit that there is sufficient capacity for the initial year three cohort. Additionally, the programme team informed the EVP of the contingency plans if the continuing COVID-19 emergency prevents students from being able to undertake hospital placements face-to-face, for example, the use of virtual grand rounds. The EVP identified that there is currently insufficient capacity for the student cohort size from September 2022 (when approved student numbers are 68 per cohort, rather than 30 as they are in cohort one). The EVP was informed of the work that has taken place to date with local hospital trusts to expand placement capacity and requires assurance that

	these will be formalised and in place in time for cohort two to start year three (September 2022).

OP3.5	Providers must ensure that external practice providers are made aware of their responsibilities for creating the right environment for effective practice-based learning to take place.
OP3.6	The provider must ensure that supervisors receive comprehensive guidance and training to ensure they fully understand their responsibilities and obligations.
Condition 3	The University must submit evidence of the guidance, training and ongoing support hospital, and practice placement, supervisors will be provided with.
Date due	1 September 2021.
Rationale	There is currently no evidence of the guidance or information that will be provided to hospital supervisors. The programme lead explained that the supervisors are specialists in their field, and, due to the environment, the University will not be able to dictate what the students observe. The EVP noted the limitations but considers that supervisors will benefit from being provided some direction from the University as to what optometry students require, for example, an outline of what can be defined a "safe" episode. The EVP noted that there are currently no planned events for hospital supervisors and suggests that the University consider these as a way to outline and set the required standards, manage expectations, and ensure consistency. The EVP felt that such training and guidance should also be extended to the year three supervisors who are due to commence in September 2021.

3.2 Conditions set after the visit

Due to concerns about condition 1 set in May 2020 the EVP requested input from the executive as to the further action that should be taken (see section 4.1 for further information). A decision was made by the executive to undertake a risk-based review (RBR), in accordance with the GOC's *Effective Conditions Management* process[1], with input from both the executive and the EVP. The University was asked to provide further assurance on:

- Patient/clinical experience, including logbooks and patient database.
- Staffing, including clinical supervisors.
- Facilities/equipment resources.
- Impact of the ongoing COVID-19 emergency.
- Timelines and planning.
- Risk assessment, planning and mitigation.
- University legal processes.
- The requirements identified as not yet met during the April 2021 visit.

The unmet requirements arising from the June 2021 RBR are set out below along with the conditions set to meet these requirements.

Requirements	OP1.2 The route to registration structure, content and learning outcomes must be designed to teach and assess the understanding, knowledge and skills contained within the GOC core competency and patient experience requirements.

[1] https://www.optical.org/en/Education/Approving_courses/index.cfm

	OP1.5 Teaching and learning must incorporate a range of contemporary practices relevant to the needs of the discipline, the needs of students (incorporating new developments in educational technology) and to the future demands of primary and secondary healthcare. OP2.12 The provider must ensure that the patient base is relative to the student cohort size and is of a sufficient volume and range to deliver the required level of experience as specified in the GOC Core Competencies and patient experience requirements. OP4.4 Those responsible for the assessment and signing off of core competencies must be suitably qualified and have the appropriate skills, experience and training required to undertake assessment (outlined in Appendix I). OP4.7 The provider must have an effective and accurate student information system to track and record the achievement of all required core competencies and patient episodes for each individual student. OP6.1 The provider must have an effective system in place to ensure each student has access to a sufficient range and number of patients under each category of experience. OP6.2 If difficulty occurs in enabling the student to achieve the required patient experience, the provider must notify the GOC of the proposed alternative learning experience offered to the student to fulfil the requirements. OP6.8 Students must have been taught and assessed as competent against each of the Stage 1 GOC Core Competencies. OP6.9 Students must acquire the minimum amount of real patient experience with each patient group as per the competencies and patient experience requirements. OP6.16 Students must acquire the minimum amount of patient experience within each patient category (attached in Appendix F). (Stage 2)
Condition 4	The University must submit evidence that clearly identifies how the patient and clinical experience outlined in Annex F of the Temporary Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry: August 2020 will be met from September 2021, including but not limited to: • Contingency planning that takes into account the impact of the ongoing COVID-19 emergency. • How safe/unsafe episodes will be defined by the University and the support that will be provided to clinical supervisors to aid their understanding of this.

	• The number of surrogate patients required, how many have been confirmed and where they will be sourced from. • The opening date of the University eye clinic (UEC) including when the dispensary will be operational. This condition supersedes condition 1 (May 2020). No further action will be taken in relation to that action. The status of condition 1 (May 2020) is ***superseded***.
Deadline	The University must evidence by 1 September 2021 that the condition will be met by 27 September 2021*.
Requirements	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. OP2.3 Programme resourcing must be determined in accordance with the resource allocation model. OP2.4 The adequacy of both the number and range of staff must be justified in the context of the mode of delivery. OP2.6 The role and contribution of individual members of staff to programme delivery must be determined on the basis of their expertise and experience. OP2.7 Staffing levels must be increased proportionately to reflect any increase in the number of students recruited to the programme. OP3.4 Supervisors must be provided with and apply agreed criteria when determining whether an episode is safe. OP3.6 The provider must ensure that supervisors receive comprehensive guidance and training to ensure they fully understand their responsibilities and obligations.
Condition 5	The University must submit evidence that clearly identifies how the supervision requirements outlined in Annex I of the Temporary Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry: August 2020 will be met, including but not limited to: • Contingency planning that takes into account the impact of the ongoing COVID-19 emergency. • The numbers of clinical supervisors required for academic year 2021-22 and how this number will be met.
Deadline	The University must evidence by 1 September 2021 that the condition will be met by 27 September 2021*.
Requirements	A1.1 A programme's approval status (and any changes) must be clearly and readily communicated to prospective and current students, including a clear explanation for what the status means in terms of entering the GOC register, and (where applicable) this must also be explained to their employer and supervisor.

	OP1.2 The route to registration structure, content and learning outcomes must be designed to teach and assess the understanding, knowledge and skills contained within the GOC core competency and patient experience requirements. OP7.1 Students must only receive a GOC-approved award if they have obtained sufficient academic credits, completed the required amount and type of patient experience, achieved all the GOC Core Competencies, been awarded a 2.2 classification or higher and have maintained their GOC registration for the duration of their studies.
Condition 6	The University must ensure a contingency plan is in place should conditions 1 and 3-5, 7 & 8 not be met, to ensure students are able to complete the required amount and type of patient experience and achieve all GOC Core Competencies. Evidence submitted should include but is not limited to the University's student protection plan and details of how the student protection plan will be applied to the programme's students in the event this becomes necessary.
Deadline	The University must evidence by 1 September 2021 that the condition will be met by 27 September 2021*.
Requirements	A1.1 A programme's approval status (and any changes) must be clearly and readily communicated to prospective and current students, including a clear explanation for what the status means in terms of entering the GOC register, and (where applicable) this must also be explained to their employer and supervisor. OP5.8 The outcomes of GOC visits must inform internal reviews and programme improvement plans.
Condition 7	The University must inform students that the programme is subject to a serious concerns review (SCR), and of the contingency plans in place to support students to achieve the required outcomes.
Deadline	The University must evidence by 1 September 2021 that the condition will be met by 27 September 2021*.
Requirements	A6.2 Providers must provide sufficient information to the GOC, as requested, and in a timely manner. 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. OP5.8 The outcomes of GOC visits must inform internal reviews and programme improvement plans 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.
Condition 8	The University must submit an action plan that provides: • An update on the issues and outcomes listed in the RBR submission including but not limited to: o discussion with legal representatives. o the recruitment of clinical supervisors.

	○ the obtaining of a General Ophthalmic Services contract ○ details of the proposed timescale for the opening and implementation of the clinic, etc. • Specific deadlines of when outstanding actions will be achieved/outstanding issues will be resolved.
Deadline	By 16 July 2021 and every two weeks until 1 September 2021.
Rationale	The evidence submitted by the University in response to the RBR did not provide sufficient assurance that condition 1 (May 2020) has been met or that the majority of the concerns have been resolved, or will be so, in time for the start of year three of the programme (September 2021). The GOC acknowledges some progress has made since the provisional approval quality assurance visit undertaken in April 2021, however there are many outstanding areas in which further assurance, and resolution, are required. The evidence submitted appears to be an extension of the oral assurances provided during the visit undertaken in April 2021. There appears to continue to be a lack of outcomes or robust plans (that include timescales) for the majority of the concerns raised, particularly in critical areas e.g., clinical supervisors, how year three students will obtain the necessary patient and clinical experience etc. Assurance in the programme would be gained by seeing tangible progress in each area and by seeing these reassurances, previously given orally by the programme team, coming to fruition.
Summary of the conclusions & outcomes of the RBR	• Condition 1 (May 2020) continues to be **unmet**. This condition has now been **superseded** by condition 5. • The evidence submitted by the University in support of the RBR provides insufficient assurance in relation to the stated concerns. • As a result of the insufficient assurance, and in line with the GOC's *Effective Conditions Management process* the programme **is made the subject of a serious concern review**. • The programme is set **five additional conditions.**

* This date has been chosen as formal teaching starts this week. The students start their induction week commencing 20 September 2021.

3.3 Recommendations offered at this visit The EVP offers the following recommendations to the provider.	
OP1.6	Students must have access to opportunities for multi-disciplinary learning and to understand their role within the wider healthcare team.
Recommendation 1	Every effort should be made to provide students with meaningful multi-disciplinary learning experiences. The opportunities should increase in terms of complexity, and potentially volume, as students progress through the programme.

Rationale	The EVP was able to identify attempts that have been made in this area, for example, there is joint delivery of lectures with pharmacy and biology students. The EVP suggests the programme could benefit from a move towards interprofessional education, rather than merely multi-disciplinary learning as the former can provide a better understanding *between* professionals. The EVP is aware that such opportunities may be limited at present due to the ongoing COVID-19 emergency.

OP3.10	Students must be provided with clear and comprehensive information about the complaints process and how to report a concern regarding the practice-based learning to the provider.
Recommendation 2	The University should implement a formal, structured feedback process for students.
Rationale	The EVP acknowledges there are currently plenty of informal opportunities for students to provide such feedback but considers that a more structured approach is required. This will become more important as cohort numbers and sizes increase.

OP5.1	The provider must have a clear framework for obtaining feedback on programme quality from a variety of sources including patients, students, staff, supervisors and employers.
OP5.2	The views of external stakeholders must inform the future development of programme design, content and delivery.
Recommendation 3	The University should implement a formal, structured feedback process for external stakeholders.
Rationale	The EVP was informed of informal conversations that have taken place but considers there is a need for a clear framework, particularly for supervisors and patients. The EVP considers that feedback needs to be captured and evaluated in a timely fashion, currently there is nothing to support this. There is no evidence of the impact of stakeholders (outside of the proposed private partner for the UEC) on the programme's design and delivery. The EVP suggests this could be enhanced to ensure the programme remains relevant.

PART 4 – ADDITIONAL ISSUES

4.1 Outstanding May 2020 unmet requirements and conditions	
OP2.12	The provider must ensure that the patient base is relative to the student cohort size and is of a sufficient volume and range to deliver the required level of experience as specified in the GOC Core Competencies and patient experience requirements.
OP3.5	Providers must ensure that external practice providers are made aware of their responsibilities for creating the right environment for effective practice-based learning to take place.
OP5.11	The provider must maintain effective governance arrangements to support relationships with any external parties responsible for delivering elements of the route to registration, specifically including practice-based learning.
OP6.1	The provider must have an effective system in place to ensure each student has access to a sufficient range and number of patients under each category of experience.
Condition 1 (May 2020)	The programme team must submit evidence of the following between the University and the nominated private provider in relation to the delivery of the university eye clinic (UEC): i. a signed contract ii. details of the partnership and governance arrangements iii. details of the work that has taken place to date in relation to the partnership including risk assessments, records of meetings, and the schematic details of the proposed timescale for opening and implementation.
Recommendations & Outcomes	As a result of discussions held, and evidence submitted as part of this visit, the EVP recommends this condition is deemed **UNMET.** Due to the level of concern surrounding this condition and requirements OP2.12 and OP6.1 in particular, the EVP requested input from the executive as to the further action that should be undertaken.
Background	During a provisional approval quality assurance visit undertaken in May 2019 the programme lead explained that the UEC incorporates two areas; the pre-clinical teaching area (seventeen refracting cubicles and a teaching area) that was required in year one of the programme, and the public facing eye clinic (eye clinic) (sixteen primary care rooms and a dispensing suite) that was required for year three. The EVP was informed that the eye clinic would be equipped and operational by September 2020. The EVP was able to review the UEC at a clinic visit undertaken in September 2019. Although not finished, the EVP was sufficiently assured that the pre-clinical teaching areas could completed in time for a programme start of September 2019 and set a condition to support this.

	The current condition was set at the May 2020 provisional approval quality assurance visit in response to the EVP being informed that the University intended to enter into a partnership with a private partner to deliver the eye clinic. Year three students would obtain the necessary patient/clinical experience within this onsite clinic environment. Due to the ongoing COVID-19 emergency the opening of the eye clinic has continued to be delayed.
Rationale	The EVP recommends that this condition be deemed unmet as the University did not provide a robust plan, covering all elements, that demonstrates the delivery of the timeline for critical elements, including COVID-19 considerations, for the successful delivery of the eye clinic. Consequently, the EVP was not assured the eye clinic will be ready for use by September 2021. Additionally, the EVP was not sufficiently assured by the oral evidence provided by the University on how students will obtain the necessary patient/clinical experience in the event the eye clinic is not ready for the start of the next academic year. The EVP requires further assurance on the following issues: **Supervisors** Including: • Recruitment. • Induction and training. • Numbers and budget. The University is yet to recruit supervisors. It was unclear how many supervisors are required or will be recruited; the EVP was provided with differing information by the clinic manager and the programme lead. There was no plan in place on the induction and training of supervisors. **Patient database** • The creation of a patient database is yet to be started. • There is no planned timescale of when this will occur or how patients will be recruited. • The EVP was informed that the private partner is experienced at building up a database that will provide the necessary pathologies to meet the requirements but was not sufficiently assured by the oral information provided. **Surrogates** • The programme lead explained that it is the intention to use surrogate patients (surrogates) until the eye clinic is formally opened to the public and attempted to reassure the EVP that the patient experience requirements can be met with the use of surrogates. • The EVP consider that further clarity is required on the numbers of each pathology required for the student cohort starting in September 2021 and on an ongoing basis, and how these will be obtained using surrogates.

	• The EVP was concerned as the recruitment of surrogates is yet to start. Neither is there a robust plan in place on the recruitment of, or advertising for, surrogates. • The EVP heard surrogates will be sourced from the following areas: o Students from years one & two. The programme team informed the EVP of ways in which year one students are currently being used as surrogates for year two students. The EVP noted this is working well but is concerned these students will not provide the range of pathology required in year three of the programme. o The eye clinic becoming the University's preferred provider for its VDU duty. The EVP was not presented with firm details of how this would be obtained, e.g., process, planning, timescales. The EVP is concerned that the programme will not be able to do this (especially within the timeframe required) as there may be a tender process involved. The EVP was concerned the programme team did not have a realistic idea of the difficulty there may be in obtaining this, for example, the University may have contracts with organisations it cannot terminate. o Specialist pathology may be gained from the partnership with the eye clinic private partner, which has several practices across West Yorkshire, and the local vision impairment network. A representative of the latter attended the visit and informed the EVP that, so far, seven people have agreed to act as surrogates. The clinic manager explained they require 30-50 surrogates. **Eye clinic opening date** • This is yet to be confirmed. • It has repeatedly been postponed due to COVID-19. **Legal** • The EVP was concerned to note that there is no signed confirmation from the University's relevant internal teams that the programme has permission to proceed with a public/private partnership for the eye clinic. The programme lead provided oral assurance that the University is fully behind the delivery of a public-facing eye clinic. The EVP was concerned that there is no official documentation to evidence this and, further, that there is no robust plan for when this will happen or how it long it will take; this is concerning as year three is due to start in September 2021. • Similarly, the EVP was concerned to note that the completion of the requisite legal documentation that will underpin the public/private partnership and the delivery of

	the eye clinic is yet to be finalised. The EVP was unable to ascertain when this would happen and the process for doing so. • The EVP was concerned that there was no robust plan in place to obtain a general ophthalmic services (GOS) contract as was stated would be obtained and had some concerns about the programme team's understanding of the time and effort required. **Eye clinic facilities** • The eye clinic dispensing suite is yet to be completed. The programme lead explained he has been informed this will take six weeks, but the EVP was not assured this is a realistic timescale, particularly over the summer. **Impact of COVID-19** • The EVP was not presented with a robust plan of how the eye clinic will be made COVID-19 safe and what will happen in the event COVID-19 results in the closure of the eye clinic, i.e., how students will gain the necessary patient/clinical experience. • No contingency/risk assessment has been provided. • The use of surrogates was presented as a contingency plan in the event that students are unable to obtain the required patient experience through the eye clinic, but the panel was concerned that this contingency plan does not take into account the COVID-19 challenges or provide the required variety of pathology. • The EVP was not presented with sufficient evidence of how the eye clinic will be made safe, including risk assessment and mitigation and contingency planning. **Year three logbook** This is yet to be devised. **Timescales and planning** • The limited timescale before year three commences (September 2021). • The lack of robust plans in various critical areas (as outlined above). The EVP identified the following unmet requirements that are specific to this condition and, by extension, the readiness of the programme to provide the necessary patient/clinical experience from September 2021.
OP2.1	Appropriate and fit for purpose accommodation, clinic facilities and clinic equipment in academic and practice settings must be provided.
OP2.12	The provider must ensure that the patient base is relative to the student cohort size and is of a sufficient volume and range to deliver the required level of experience as specified in the GOC Core Competencies and patient experience requirements.

OP2.13	The provider must have adequate resources for the appointment, training, and review of assessors and any management of them (eg lead assessors and the appointment of external examiners).
OP3.3** & ***	All clinical activities and elements of practice-based learning must be carried out under the supervision of a GOC-registered and approved supervisor who meets the GOC requirements.** & ***
OP3.4	Supervisors must be provided with and apply agreed criteria when determining whether an episode is safe.
OP3.6	The provider must ensure that supervisors receive comprehensive guidance and training to ensure they fully understand their responsibilities and obligations.
OP5.11	The provider must maintain effective governance arrangements to support relationships with any external parties responsible for delivering elements of the route to registration, specifically including practice-based learning.
OP6.1	The provider must have an effective system in place to ensure each student has access to a sufficient range and number of patients under each category of experience.

** The EVP recommended that this is currently a non-applicable requirement due to the stage of programme (years one and two are in place). The EVP, however, has concerns about the programme's ability to meeting this requirement in time for September 2021.
*** As the programme is to be reviewed against the Temporary Optometry Handbook (August 2020) this requirement has been amended to *All clinical activities and elements of practice-based learning must be carried out under the supervision of an appropriately registered and approved supervisor*.

OP2.12	The provider must ensure that the patient base is relative to the student cohort size and is of a sufficient volume and range to deliver the required level of experience as specified in the GOC Core Competencies and patient experience requirements.
Condition 2 (May 2020)	Signed contracts to be submitted to confirm the provision of hospital placements.
Recommendations & Outcomes	As a result of discussions held, and evidence submitted as part of this visit, the EVP recommends this condition is deemed **MET.** The EVP recommends this condition be superseded by condition 2 set at this visit (see section 3.1 for further information).
Rationale	Prior to the visit, as part of the pre-visit documentation, the University submitted signed contracts. Upon reviewing the documents, the EVP considered them sufficient to meet the requirements of this condition in relation to the initial cohort which is due to undertake hospital placements from September 2021. Additionally, during the visit the EVP spoke with the programme team and a hospital representative and received oral assurance that there is a sufficient number of hospital placements for academic year 2021/22.