**Evidence Framework** (for approved qualifications in optometry or dispensing optics)

Version 1

Guidance for providers of approved qualifications, Education Visitors, GOC Education Team and decision-makers

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## About this document

This document should be read in conjunction with the [Requirements for Approved Qualifications in Optometry or Dispensing Optics (1 March 2021) (‘Requirements’) and Templates Library for Approved Qualifications in Optometry and Dispensing Optics (version 1).](https://www.optical.org/download.cfm?docid=11293C0A-0DE9-4135-B42DCE6680E8CBC4)

The **Requirements** published in March 2021 introduce important changes to the qualifications GOC. These changes include:

* new Outcomes for Registration (‘**Outcomes**’) for optometry and dispensing optics which students must achieve to be eligible for registration as an optometrist or a dispensing optician;
* updated Standards for Approved Qualifications (‘**Standards**’), which all providers of approved qualifications must meet; and
* new Quality Assurance and Enhancement Method (‘**QA&EM**’).

The **Evidence Framework** is guidance, designed to support:

* providers of approved qualifications in optometry and dispensing optics (‘providers’) to demonstrate (evidence) how each of the **Standards** are met, or are intended to be met, as part of the QA&EM;
* education Visitors and GOC quality assurance officers when assessing and making a recommendation as to whether an approved qualification meets, or is likely to meet, each of the **Standards;** and
* GOC education decision-makers in receiving a recommendation and deciding as to whether an approved qualification meets, or is likely to meet, each of the **Standards.**

## 

## Introduction

The GOC is the regulator for optometry and dispensing opticians in the UK, and has a statutory duty to ensure that individual optometrists, dispensing opticians, businesses and students meet the required standards of conduct, education and performance by:

* Setting standards for optical education and training, performance and conduct.
* Approving qualifications leading to registration.
* Maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians.
* Investigating and acting where registrants’ fitness to practise, train or carry on business is impaired.

The approval and quality assurance of qualifications in optometry and dispensing optics is underpinned by legislation under powers given in Sections 12 and 13 of the Opticians Act 1989 (2005).

## Guidance on qualification types, level and length of study

This section is intended to provide guidance on types of qualifications that may be approved by the GOC and where such qualifications should be located on the Regulated Qualification Framework (RQF) or equivalent framework, and length of study.

**Qualification type**

In accordance with Standard Three (S3.12) of the **Standards,** approved qualifications will either be:

1. listed on one of the national frameworks for higher education qualifications for UK degree awarding bodies (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (FHEQ) and the Framework for Qualifications of Higher Education Institutions in Scotland (FQHEIS)): **or**
2. a qualification regulated by Ofqual, SQA, CCEA or Qualifications Wales.

We anticipate that most qualifications approved by the GOC will be in category a., whilst some GOC approved qualifications may be in category b. It is unlikely that qualifications approved by the GOC will be in both categories; i.e, a regulated qualification *and* listed on one of the national frameworks for higher education qualifications for UK degree awarding bodies (FHEQ or FQHEIS).

**Qualification level**

A suitable recognised framework **must** be used to benchmark the qualification at the appropriate level as follows:

* **Approved qualifications in optometry** must be benchmarked at a minimum Regulated Qualification Framework (RQF), FHEQ or Credit and Qualifications Framework Wales (CQFW) level 7 or Scottish Credit and Qualifications Framework (SCQF) / FQHEIS level 11 or equivalent[[1]](#footnote-2) (i.e., Master's degree level).
* **Approved qualifications in dispensing optics** must be benchmarked at a minimum Regulated Qualification Framework (RQF), FHEQ or Credit and Qualifications Framework Wales (CQFW) level 6 or Scottish Credit and Qualifications Framework (SCQF) / FQHEIS level 10 or equivalent (i.e. Bachelor's degree level).

More information on RQF (or equivalent) levels and Quality Assurance Agency (QAA) characteristics can be found below:

* RQF levels in England and Northern Ireland can be [found here](https://www.gov.uk/what-different-qualification-levels-mean)
* CQFW levels in Wales can be [found here](https://gov.wales/credit-and-qualifications-framework-cqfw)
* SCQF levels Scotland can be [found here](https://scqf.org.uk/about-the-framework/interactive-framework/)
* QAA Master’s characteristics can be[found here](https://www.qaa.ac.uk/quality-code/characteristics-statements)

**Length of study**

For GOC approved qualifications there are no requirements for either a minimum or maximum length of study, minimum or maximum credit volume or minimum guided learning hours, etc. However, in accordance with Standard Three (S3.3 and S3.15) of the **Standards**, approved qualifications in optometry and dispensing optics must integrate at least 1600 hours / 48 weeks of patient-facing learning and experience in a variety of settings (real and simulated) which must increase in volume and complexity as students progress through a programme.

## Guidance on qualifications (such as degrees) listed on the FHEQ or FQHEIS

This section is intended to provide guidance for providers and prospective providers who offer, or intend to offer, **an approved qualification (such as a degree) listed on one of the national frameworks for higher education qualifications for UK degree awarding bodies (FHEQ and FQHEIS)**. For regulated qualifications delivered by an Awarding Organisation (AO) please see the next section.

Providers (such as HEIs) who offer, or intend to offer, an approved qualification listed on the FHEQ or FQHEIS must demonstrate through a detailed submission and appropriate supporting evidence that their qualification meets, or is likely to meet, the [Requirements in accordance with the QA&EM.](https://www.optical.org/download.cfm?docid=11293C0A-0DE9-4135-B42DCE6680E8CBC4)

Providers offering, or intending to offer, an approved qualification listed on the FHEQ or FQHEIS are most likely to be a higher education institution (HEI) such as a university. A provider offering, or intending to offer, an approved qualification listed on the FHEQ or FQHEIS may also be an alternative provider with degree awarding powers, or less likely, a delivery organisation/institution with a contractual or franchise arrangement with an institution with degree awarding powers. It is expected that approved qualifications listed on the FHEQ or FQHEIS that are delivered by more than one degree awarding body follow the relevant advice issued by the QAA[[2]](#footnote-3)

The **Evidence Framework** provides guidance, in the form of a series of questions, that providers, education visitor panel members (‘EVP’), GOC quality assurance officers and education decision-makers may like to reflect on when considering the type, scope and sufficiency of information and evidence that may be submitted by providers offering an approved qualification listed on the FHEQ or FQHEIS (such as a HEI) to demonstrate how each of the **Standards** are met or are intended to be met.

## Guidance on qualifications regulated by Ofqual, SQA, CCEA or Qualifications Wales

This section is intended to provide guidance for providers and prospective providers who offer, or intend to offer, **an approved qualification regulated by Ofqual, SQA, CCEA or Qualifications Wales** (a ‘regulated qualification’) delivered by an Ofqual, SQA, CCEA or Qualifications Wales recognised Awarding Organisation (AO), when reviewing evidence about a regulated qualification approved by the GOC in optometry or dispensing optics. For a list of Ofqual regulated qualifications please see [The Register of Regulated Qualifications: Home page (ofqual.gov.uk)](https://register.ofqual.gov.uk/)

**Awarding Organisation(s)**

The Awarding Organisation(s) (AO) will be **recognised** by Ofqual, SQA, CCEA or Qualifications Wales.

Providers who offer, or intend to offer, an approved qualification regulated by Ofqual, SQA, CCEA or Qualifications Wales will be an Ofqual, SQA, CCEA or Qualifications Wales recognised Awarding Organisation (AO). AOs may be a range of different legal entities; some may be a private limited company, others a registered charity, chartered institution, or other form of incorporated legal entity. In accordance with Standard Four (S4.1) of the **Standards** a provider of the approved qualification must be legally incorporated (i.e., not be an unincorporated association) and provide assurance it has the authority and capability to award the approved qualification.

Some AOs approve third parties (known as ‘centres’) to undertake all or part of the delivery of a qualification on behalf of an AO (for more information please see, for example, the Ofqual Handbook: General Conditions of Recognition, Condition C2[[3]](#footnote-4)). We have provided more guidance on third party delivery in the next section.

AOs offering a GOC approved qualification regulated by Ofqual, SQA, CCEA or Qualifications Wales must demonstrate through a detailed submission and appropriate supporting evidence that the qualification, including third party delivery (if any), meets, or is likely to meet, the [Requirements in accordance with the QA&EM.](https://www.optical.org/download.cfm?docid=11293C0A-0DE9-4135-B42DCE6680E8CBC4) Additionally, AOs must demonstrate the process by which they ensure AO approved third parties / centres also meet the **Requirements** in full through the AO’s own quality control and assurance activities.

**Third parties approved by an Awarding Organisation to offer their qualification(s)**

AOs may approve third parties (known as ‘centres’) to undertake in full or part of the delivery of a qualification on behalf of an AO (for more information please see, for example, Ofqual Handbook: General Conditions of Recognition, Condition C2[[4]](#footnote-5)). Centres must meet the AO’s (and Ofqual, SQA, CCEA or Qualifications Wales) requirements to deliver, assess and quality control / assure the parts of the qualification it delivers on the AO’s behalf.

AOs who offer, or intend to offer, a regulated qualification approved by GOC through the AO’s approved centre (in full or in part) on its behalf must be able to demonstrate assurance that the AO’s centre delivery meets the **Requirements** in full through the AO’s own quality control and assurance mechanisms, policies and activities.

**Awarding Organisation(s) Quality Assurance and Enhancement**

AOs will be expected to demonstrate through a detailed submission and appropriate supporting evidence that the approved qualification, including delivery by AO-approved centres, meets, or is likely to meet, the **Requirements** in accordance with the **QA&EM**. This will include evidence of the AO’s quality controls and assurance, mechanisms, policies and procedures by which the AO ensures that its approved third party/centre provider(s) meet the **Requirements** in full through the AO’s own quality control and assurance activities.

The **Evidence Framework** gives guidance on the type, range and scope of evidence an AO may like to consider submitting to demonstrate assurance that the AO’s approved qualification, and delivery of that qualification in full or in part on its behalf by AO approved centre provider(s) meet the **Requirements** in full.

### Guidance for new qualification approval and continuing approval

Applications for new qualification approval (i.e., qualifications not currently approved or provisionally approved by the GOC) will be considered in accordance with the staged approach described in our **QA&EM**. Decisions on continuing approval will be informed by thematic, periodic, sample-based annual reviews of the qualifications we approve.

### Guidance on Miller’s Pyramid of Clinical Competence

The **Outcomes** describe the expected knowledge, skills and behaviours a dispensing optician or optometrist must have at the point they qualify (these can be found in the **Requirements)**. Please note, the categories and individual outcomes are all of equal importance.

Each outcome is described using a level, based on an established competence and assessment hierarchy known as ‘Miller’s Pyramid of Clinical Competence’ (knows; knows how; shows how; and does).

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**Knows** (Knowledge that may be applied in the future)

**Knows how** (Knows how to apply knowledge and skills in a defined context or situation)

**Shows how** (Applies knowledge, skill and behaviour in a simulated environment or in real life repeatedly and reliably)

**Does** (Acting independently and consistently in a complex situation of an everyday or familiar context repeatedly and reliably)

Approved qualifications must be progressive and integrate the required knowledge, skills and behaviours in an increasingly more complex way throughout the period of study. As students progress through the qualification, they will be expected to demonstrate the outcomes at a greater depth, breadth and complexity.

## Other useful guidance

When preparing your evidence please consider other relevant policies and guidance which can be found below.

<https://optical.org/en/standards/>

* [Standards for optometrists and dispensing opticians](https://standards.optical.org/areas/practice/)
* [Standards for optical students](https://standards.optical.org/areas/students/)
* [The professional duty of candour](https://www.optical.org/filemanager/root/site_assets/standards/new_standards_documents/supplementary_guidance_on_the_professional_duty_of_candour.pdf)

<https://optical.org/en/publications/acceptance-criteria/>

* GOC Acceptance Criteria

<https://www.college-optometrists.org/qualifying/sector-partnership-for-optical-knowledge-and-educa>

* Sector Partnership for Optical knowledge and Education (SPOKE): indicative guidance document

## Evidence Framework (for approved qualifications in optometry or dispensing optics)

## Guidance for providers of approved qualifications, education visitors and GOC education decision-makers

The **Evidence Framework** provides guidance, in the form of a series of questions (non-exhaustive), that providers, EVPs, GOC quality assurance officers and education decision-makers may like to consider in relation to the type, scope and sufficiency of information and evidence that may be submitted by providers to demonstrate how each of the **Standards** are met or intended to be met.

### Standard 1: Public and patient safety

Approved qualifications must be delivered in a context which ensures public and patient safety and supports students’ development and the demonstration of patient-centred professionalism.

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| No. | Criteria | Guidance (non-exhaustive) for providers, EVPs and GOC staff and education decision-makers |
| S1.1 | There must be policies and systems in place to ensure students understand and adhere to the GOC’s Standards for Optical Students and understand the GOC’s Standards of Practice for Optometrists and Dispensing Opticians. | Does the evidence demonstrate that the GOC’s Standards for Optical Students and Standards of Practice for Optometrists and Dispensing Opticians (where applicable) appropriately inform qualification design, delivery and assessment?  Is there assurance that students understand the key principles of the GOC’s Standards, including what is and what is not appropriate professional behaviour from day one of study? |
| S1.2 | Concerns about a student’s fitness to train must be investigated through robust, fair, and proportionate processes and, where necessary, action taken and reported to the GOC. (The GOC Acceptance Criteria and the related guidance in annex A should be used as a guide as to how a fitness to train matter should be investigated and when it should be reported.) | Does the evidence demonstrate that the GOC Acceptance Criteria and the guidance in Annex A (Guidance Note for Addressing Student Fitness to Train Concerns) has been used as a guide in development of the provider’s fitness to train processes?  Is there assurance that the provider’s fitness to train processes ensure that concerns are monitored, raised and escalated where appropriate, and that there are procedures to investigate and deal with concerns within all learning/placement environments?  Is there evidence which describes how students are informed about how concerns regarding a student’s fitness to train can be raised and will be investigated within all learning/placement environments?  Is there evidence of clearly described, suitable and consistently applied policies and systems to ensure that concerns when raised are documented from start to completion and are addressed in a timely manner, and that there are transparent and documented processes available to all those concerned in the investigation?  Is there assurance that the GOC is notified of concerns, investigations, and outcomes in accordance with the GOC Acceptance Criteria and the guidance in annex A? |
| S1.3 | Students must not put patients, service-users, the public or colleagues at risk. This means that anyone who teaches, assesses, supervises or employs students must ensure students practise safely and that students only undertake activities within the limits of their competence, and are appropriately supervised when with patients and service-users. | Is there assurance that there are appropriate policies and systems consistently applied which mitigate risk of harm to patients, service-users, the public or colleagues?  Is there evidence that students are provided with timely feedback and sufficient opportunities to identify and address errors to allow them to learn and be assessed safely?  Does the evidence demonstrate that the assessment methods selected allow students to develop and improve without putting patients, other students, service-users, the public or colleague’s safety at risk?  Is there assurance that the assessment criteria reflects safe practise and that students do not complete and pass an approved qualification if they are assessed as being a risk to patients, other students, service-users, the public or colleague’s safety? |
| S1.4 | Upon admission (and at regular intervals thereafter) students must be informed that it is an offence not to be registered as a student with the GOC at all times whilst studying on a programme leading to an approved qualification in optometry or dispensing optics. | Is there evidence that there are clearly described, suitable and consistently applied policies and systems to ensure that students are informed upon admission and at regular intervals thereafter that it is an offence not to be registered as a student with the GOC at all times whilst studying an approved qualification? |

### Standard 2: Admission of students

Approved qualifications must be delivered in contexts which ensures public and patient safety and support students’ development and the demonstration of patient-centred professionalism.

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| No. | Criteria | Guidance (non-exhaustive) for providers, EVPs and GOC staff and education decision-makers |
| S2.1 | Selection and admission criteria must be appropriate for entry to an approved qualification leading to registration as an optometrist or dispensing optician, including relevant health, character and fitness to train checks. For overseas students, this should include evidence of proficiency in the English language of at least level 7 overall (with no individual section lower than 6.5) on the International English Language Testing System (IELTS) scale or equivalent. | Is there evidence that there are clearly described, suitable and consistently applied admissions criteria, and recruitment and selection processes in place and that there is a process in place which is consistently applied to check proficiency in English language for overseas students?  Is there assurance that a provider has selected the most appropriate admissions/selection method to assure itself of applicants’ suitability? Potential methods may include situational judgement tests; reflective application questioning; structured interviews; reports from previous work in an optical practice.  Is there evidence that there are clearly described, suitable and consistently applied policies and systems to ensure relevant health, character and fitness to train checks have been undertaken? This may include good character checks, such as the Disclosure and Barring Service (DBS)/Disclosure Scotland checks, or equivalent; letters of good standing from relevant non-UK governmental/ professional organisations if no DBS or equivalent record is available for overseas students; relevant and proportional health checks to seek information about conditions, and management of conditions, that may affect an applicant’s fitness to practise. |
| S2.2 | Recruitment, selection and admission processes must be fair, transparent and comply with relevant regulations and legislation (which may differ between England, Scotland, Northern Ireland, Wales and/or non-UK), including equality and diversity legislation. | Is there evidence that there are clearly described, suitable and consistently applied recruitment and selection policies and that all aspects of the recruitment, selection and admission procedures comply with relevant legislative requirements, including equality and human rights legislation?  Does the evidence (including admissions data by protected characteristic) demonstrate that applicants are not treated unfairly or discriminated against on grounds of a protected characteristic or other relevant legislation?  Is there evidence that any potential issues in relation to admissions and protected characteristics are identified, reviewed, and appropriate action taken? |
| S2.3 | Selectors (who may include academic and admissions/administrative staff) should be trained to apply selection criteria fairly, including training in equality, diversity and unconscious bias, in line with legislation in place in England, Scotland, Northern Ireland and/or Wales. | Does the evidence (including admissions data by protected characteristic) demonstrate that selectors have been trained appropriately and are aware of legislative requirements and unconscious bias?  Is there assurance that a provider maintains clear and accurate information about the progress and outcome of individual applications in line with relevant UK legislation? |
| S2.4 | Information provided to applicants must be accurate, comply with relevant legislation and include:   * the academic and professional entry requirements for entry to the approved qualification; * a description of the selection process and any costs associated with making the application; * the qualification’s approved status; * the total costs/fees that will be incurred; * the curriculum and assessment approach for the qualification and * the requirement for students to remain registered as a student with the GOC throughout the duration of the programme leading to the award of the approved qualification.   If offers are made to applicants below published academic and professional entry requirements, the rationale for making such decisions must be explicit and documented. | Are there clearly described, suitable and consistently applied policies and systems for ensuring that information provided to applicants, including information about admission procedures, academic and professional entry requirements, GOC qualification approval status, length of study, cost of study, requirement to undertake experiential learning/placement away from home/university (unless exempt) and other relevant information is kept up to date?  Does the evidence demonstrate that providers inform students regarding the requirement to register with the GOC, and cost of GOC registration, so that applicants can make an informed decision before studying the qualification?  Where data shows that applicants have been accepted who do not meet the academic entry requirements, is the reasoning clearly justified and documented? |
| S2.5 | Recognition of prior learning must be supported by effective and robust policies and systems. These must ensure that students admitted at a point other than the start of a programme have the potential to meet the outcomes for award of the approved qualification. Prior learning must be recognised in accordance with guidance issued by the Quality Assurance Agency (QAA) and/or Office of Qualifications and Examinations Regulation (Ofqual) / Scottish Qualifications Authority (SQA) / Qualifications Wales / Department for the Economy in Northern Ireland and must not exempt students from summative assessments leading to the award of the approved qualification, unless achievement of prior learning can be evidenced as equivalent. | Does the evidence demonstrate that there are clearly described, suitable and consistently applied criteria and process for ensuring that decisions regarding recognition of prior learning (RPL) are appropriate for admittance to a professional qualification and that a provider’s policy has been designed in accordance with relevant guidance from qualification regulators (for example, the QAA for academic awards in England, SQA for regulated qualifications in Scotland)?  Is there evidence (including data by protected characteristic) that all RPL decisions are made in accordance with the provider’s criteria and process, and properly recorded and documented?  Where RPL has been used to exempt summative assessment(s) how is the provider assured that prior learning has been recorded, mapped and documented as equivalent?  For Awarding Organisations, is there evidence of quality assurance oversight, mechanisms, policies and procedures which demonstrate the process by which they ensure centre provider(s) meet this criterion through the awarding organisation’s quality control and assurance activities? |

### Standard 3: Assessment of outcomes and curriculum design

The approved qualification must be supported by an integrated curriculum and assessment strategy that ensures students who are awarded the approved qualification meet all the outcomes at the required level (Miller’s Pyramid: knows; knows how; shows how; and does).

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| No. | Criteria | Guidance (non-exhaustive) for providers, EVPs and GOC staff and education decision-makers |
| S3.1 | There must be a clear assessment strategy for the award of an approved qualification. The strategy must describe how the outcomes will be assessed, how assessment will measure students’ achievement of outcomes at the required level (Miller’s Pyramid) and how this leads to an award of an approved qualification. | Is there assurance that the provider’s assessment strategy for the approved qualification is integrated, coherent, consistently applied and appropriate for accurately measuring students’ achievement of the outcomes?  Does the assessment strategy include:   * Fit for purpose assessment regulations; including for experience gained in practice, in the workplace or during inter-professional learning? * Appropriate marking criteria for each assessment method, with clear grade descriptors? * Internal verification of assessment decisions, such as second marking or moderation arrangements? * External verification of assessment decisions, such as through external examiners and/or external standards verifiers? * Policies for resits, resubmissions and appeals? * Procedures for suspected plagiarism and/or malpractice? * Mapping of assessments to outcomes at the required level of Miller’s Pyramid for the whole qualification? * How assessments are routinely quality controlled, assured and reviewed?   Does the evidence demonstrate continuing stakeholder engagement (including student and patient feedback and engagement) in the formation, implementation, and review of the provider’s assessment strategy?  Does the evidence demonstrate that feedback or issues in relation to assessment are reviewed, and appropriate action taken? |
| S3.2 | The approved qualification must be taught and assessed (diagnostically, formatively and summatively) in a progressive and integrated manner. The component parts should be linked into a cohesive programme of academic study, clinical experience and professional practice (for example, Harden’s spiral curriculum), introducing, progressing and assessing knowledge, skills and behaviour until the outcomes are achieved. | Is there an assessment plan which clearly sets out how each outcome will be taught and assessed in a progressive and integrated manner, mapped to the outcomes, and other appropriate other syllabus/ benchmarks (using relevant templates)?  Does the evidence demonstrate that the assessment methods selected, and design of assessment items are appropriate to the qualification type and level?  Does the evidence demonstrate that the component parts are linked into an integrated, cohesive programme of academic study, clinical experience and professional practise?  Is there assurance that assessment methods and design of assessment items appropriately balance reliability and validity to test the outcomes at the required level of Miller’s pyramid, that assessments are regularly reviewed and evaluated by the provider, and appropriate action taken?  Does the evidence demonstrate that the development of assessments is subject to appropriate quality control and monitoring processes and that students receive appropriate information and guidance about assessment formats and methods?  Does the evidence, including progression and attainment data, demonstrate that students’ progression and attainment is monitored and assessed throughout the qualification, to ensure that students can achieve the outcomes at the required level?  Does the evidence demonstrate that there are clearly described, suitable and consistently applied policies and systems for ensuring that a student does not pass the qualification unless all outcomes have been passed successfully? |
| S3.3 | The approved qualification must provide experience of working with: patients (such as patients with disabilities, children, their carers, etc); inter-professional learning (IPL); and team work and preparation for entry into the workplace in a variety of settings (real and simulated) such as clinical practice, community, manufacturing, research, domiciliary and hospital settings (for example, Harden’s ladder of integration).This experience must increase in volume and complexity as a student progresses through a programme. | Does the evidence demonstrate that the approved qualification will provide experience of working with patients; of IPL; teamwork and preparation for entry into the workplace in a variety of settings; how such experience will increase in volume and complexity as a student progresses through a programme and is coherent, appropriate for local, regional and national context, consistently applied and appropriate for students’ achievement of the outcomes?  Does the evidence demonstrate stakeholder engagement (including students and patients) in the integration of experience of working with patients, IPL teamwork and preparation for entry into the workplace experience?  Is there evidence that demonstrates that feedback from stakeholders is reviewed, and appropriate action taken?  Does the evidence demonstrate that the approach for the integration of experience of working with patients, IPL teamwork and preparation for entry into the workplace experience is clearly linked to the qualification’s teaching, learning and assessment strategy, and how the provider’s teaching and learning strategy ensures students meet the outcomes?  Does the evidence demonstrate that experience of working with patients, IPL teamwork and preparation for entry into the workplace is progressive, that there is sufficient and appropriate contact with appropriate and varied patients, carers and health professionals throughout the qualification, which increases in volume and complexity as a student progresses through the qualification?  Is there evidence that demonstrates students gain sufficient and appropriate experience of patient conditions within in a variety of service delivery settings and that contact with patients, carers and health professionals increases over the course of the qualification, reflecting progression and complexity? |
| S3.4 | Curriculum design, delivery and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, students, placement providers, commissioners, members of the eye-care team and other healthcare professionals. Stakeholders involved in the teaching, supervision and/or assessment of students must be appropriately trained and supported, including in equality and diversity. | Does the evidence demonstrate that a range of stakeholders are engaged in the qualification’s design, delivery, and assessment, such as:   * Patients and members of the public * Staff involved in the delivery of the qualification * Students, and former students * Placement providers and employers * Local, regional and/or national professional and membership associations, third sector organisations and patient representative groups * Eye-care and NHS commissioners and statutory education and training bodies * Members of the eye-care team and other healthcare professionals * Other relevant stakeholders   Does the evidence demonstrate that stakeholders (including patients) involved in the delivery of the qualification have been appropriately trained to carry out their role? Evidence could include:   * Training and resource materials * Evidence of completion of relevant training * Appraisals and evaluations |
| S3.5 | The outcomes must be assessed using a range of methods and all final, summative assessments must be passed. This means that compensation, trailing and extended re-sit opportunities within and between modules where outcomes are assessed are not permitted. | Does the evidence demonstrate that the provider’s assessment regulations, policies, procedures and rules are appropriate for a qualification leading to professional registration, including regulations and relevant policies such as plagiarism, grievance and appeals?  Does the evidence demonstrate how final summative assessments measure students’ achievement of the outcomes leading to the award of the qualification? |
| S3.6 | Assessment (including lowest pass) criteria, choice and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must seek to ensure safe and effective practise and be appropriate for a qualification leading to registration as an optometrist or dispensing optician. | Does the evidence demonstrate that the choice and design of assessment items and assessment criteria (including the description of lowest pass criteria and establishment of the ‘cut score’ between pass and failure) is appropriate and that everyone involved in making assessment decisions understand and can apply the assessment criteria?  Is there evidence of clearly described, suitable and consistently applied policies and systems to ensure that students do not complete and pass an approved qualification if they are assessed as being a risk to patients, service-users, the public or colleague’s safety?  Does the evidence demonstrate that whilst teaching, learning and assessment methods for students with specific needs may be modified, the outcomes cannot be modified and must be met in full? |
| S3.7 | Assessment (including lowest pass) criteria must be explicit and set at the right standard, using an appropriate and tested standard-setting process. This includes assessments which might occur during learning and experience in practice, in the workplace or during inter-professional learning. | Does the evidence demonstrate that an appropriate standard-setting process has been used to establish assessment criteria and appropriate ‘cut score’ for each summative assessment type?  Is there assurance that assessments undertaken during learning and experience in practice, in the workplace or during inter-professional learning are suitably quality controlled to ensure fairness and consistency in assessment decisions?  For Awarding Organisations, is there evidence of quality assurance oversight, mechanisms, policies and procedures which demonstrate the process by which they ensure centre provider(s) meet this criterion through the awarding organisation’s quality control and assurance activities? |
| S3.8 | Assessments must appropriately balance validity, reliability, robustness, fairness and transparency, ensure equity of treatment for students, reflect best practice and be routinely monitored, developed and quality controlled. This includes assessments which might occur during learning and experience in practice, in the workplace or during inter-professional learning. | Is there assurance that the provider’s assessment strategy, which should clearly set out how assessments balance validity, reliability, robustness, fairness and transparency, is coherent, appropriate for local, regional and national context, regularly monitored, quality controlled and reviewed against best practice, is consistently applied in all assessment settings and appropriate for measuring students’ achievement of the outcomes?  Does the evidence demonstrate that all those involved in assessment decisions, regardless of location, understand their role and responsibilities, and are appropriately supported and trained?  Is there assurance that assessment policies, systems and decisions are robust, rigorous and transparent and, where appropriate, are benchmarked against other providers and/or qualifications?  For Awarding Organisations only – how is the AO assured that third party/centre(s) meet this criterion? Is there evidence that the AO’s quality controls and assurance mechanisms, policies and procedures are appropriate? |
| S3.9 | Appropriate reasonable adjustments must be put in place to ensure that students with a disability are not disadvantaged in engaging with the learning and teaching process and in demonstrating their achievement of the outcomes. | Does the evidence demonstrate that there are clearly described, suitable and consistently applied policies and systems to ensure reasonable adjustments are made to meet student’s specific learning and personal needs to help students with specific needs to meet the outcomes, including for periods of learning and experience in practice, in the workplace or during inter-professional learning?  Is there evidence those who teach, supervise, provide placements for, or work with students, can appropriately support the student in respect of any reasonable adjustments? |
| S3.10 | Summative assessments directly related to the outcomes demonstrating unsafe practise must result in failure of the assessment. | Does the evidence demonstrate that assessment regulations appropriately prioritise patient safety, which means unsafe practise in summative assessment results in failure of the assessment? |
| S3.11 | There must be policies and systems in place to plan, monitor and record each student’s achievement of outcomes leading to awards of the approved qualification. | Does the evidence demonstrate that there are effective systems in place to plan, monitor and record students’ progression and attainment, including any assessments which might occur during experiential and inter-professional learning?  Does the evidence demonstrate that there is a clear and robust process for ratification of achievement before final awards are issued to students? |
| S3.12 | The approved qualification must be listed on one of the national frameworks for higher education qualifications for UK degree awarding bodies (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (FHEQ) and the Framework for Qualifications of Higher Education Institutions in Scotland (FQHEIS)), or be a qualification regulated by Ofqual, SQA or Qualifications Wales. Approved qualifications in optometry must be at a minimum RQF, FHEQ or Credit and Qualifications Framework Wales (CQFW) level 7 or Scottish Credit and Qualifications Framework (SCQF)/FQHEIS level 11. Approved qualifications in dispensing optics must be at a minimum RQF, FHEQ or CQFW level 6 or SCQF/FQHEIS level 10. | Is there evidence that the qualification is recognised by, and has been developed to meet, an appropriate national qualification framework?  Does the evidence demonstrate that the qualification has been benchmarked at the appropriate RQF or equivalent level?  If any conditions or recommendations are applied by a relevant UK qualification regulator or equivalent, is there evidence of a response and when such conditions or recommendations will be, or have been, met? |
| S3.13 | The outcomes must be delivered and assessed in an environment that places study in an academic, clinical and professional context which is informed by research and provides opportunities for students to develop as learners and future professionals. | Does the evidence demonstrate how learning in academic, clinical and professional contexts provides opportunities for students to develop as future professionals?  Is there assurance that teaching is informed by current relevant research and that students have an opportunity to understand, learn from, conduct or input into research? |
| S3.14 | There must be a range of teaching and learning methods to deliver the outcomes that integrate scientific, professional and clinical theories and practices in a variety of settings and uses a range of procedures, drawing upon the strengths and opportunities of context in which the qualification is offered. | Is there assurance that the range of teaching and learning methods deployed to deliver the outcomes integrate the required scientific, professional and clinical theories and practices?  Does the evidence demonstrate that the local, regional or national context in which the qualification is offered has informed its design?  Does the evidence demonstrate that teaching and learning methods have been developed in consultation with relevant stakeholders including:   * Patients and service-users * Academic staff and supervisors * Scientists and researchers * Employers and practice staff * Other members of the eyecare team * Other healthcare professionals |
| S3.15 | In meeting the outcomes, the approved qualification must integrate at least 1600 hours/48 weeks of patient-facing learning and experience in practice. Learning and experience in practice must take place in one or more periods of time and one or more settings of practice | Does the evidence demonstrate that there is a clear strategy for patient-facing learning and experience within suitable practice setting(s) to enable students to develop the required knowledge, skills and behaviours to achieve the relevant outcomes through at least 1600 hours/48 weeks in one or more periods of time and one or more settings of practice? |
| S3.16 | Outcomes delivered and assessed during learning and experience in practice must be clearly identified within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification. | Does the evidence demonstrate how learning and experience in practice is fully integrated within the qualification, is meaningful, and that there is a clear rationale for choice of outcomes taught and assessed during periods of learning and experience in practice?  Is there assurance that the assessment strategy incorporates learning and experience in practice in an integrated and progressive way, leading to the award of an approved qualification? |
| S3.17 | The selection of outcomes to be taught and assessed during learning and experience in practice and the choice and design of assessment items must be informed by feedback from stakeholders, such as patients, students, employers, placement providers, members of the eye-care team and other healthcare professionals. | Does the evidence demonstrate that stakeholders are engaged and inform the selection of outcomes to be taught and assessed during learning and experience in practice? Stakeholders should include:   * Patients and members of the public * Staff involved in the delivery of the qualification * Students * Employers and placement supervisors * Service-delivery commissioners * Wider relevant stakeholders * Members of the eye-care team and other healthcare professionals. |
| S3.18 | Assessment (if undertaken) of outcomes during learning and experience in practice must be carried out by an appropriately trained and qualified GOC registrant or other statutorily registered healthcare professional who is competent to measure students’ achievement of outcomes at the required level (Miller’s Pyramid). | Is there assurance that there are appropriately qualified, trained and experienced healthcare professionals to assess the outcomes? Evidence could include:   * Training and resource materials * Evidence of completion of relevant training * Appraisals, feedback and evaluations * Quality controls of assessment decisions   Is there assurance that assessments undertaken during learning and experience in practice are appropriately quality controlled to ensure consistency and fairness and to accurately measure students’ achievement of outcomes at the required level? |
| S3.19 | The collection and analysis of equality and diversity data must inform curriculum design, delivery and assessment of the approved qualification. This analysis must include students’ progression by protected characteristic. In addition, the principles of equality, diversity and inclusion must be embedded in curriculum design and assessment and used to enhance students’ experience of studying on a programme leading to an approved qualification. | Does the evidence demonstrate that there are clearly described, suitable and consistently applied policies and systems to record, analyse, report and act upon equality and diversity data, including students’ progression and attainment, measured against protected characteristics?  Does the evidence demonstrate that equality and diversity data collected informs policy and procedures, improves the qualification design and delivery and is used to understand the needs of the student population, support student development, and to inform the qualification teaching, learning and assessment strategies? |
| S3.20 | Students must have regular and timely feedback to improve their performance, including feedback on their performance in assessments and in periods of learning in practice. | Is there assurance that there are processes in place for providing feedback to students across all parts of the qualification, including periods of learning and experience in practice?  Does the evidence demonstrate how formative and summative feedback enables students to learn and progress throughout the qualification?  Does the evidence demonstrate how appropriate and timely feedback on student performance supports student development and that feedback is given in time for it to be used effectively?  Does the evidence demonstrate how feedback enables the student to understand how they can improve their performance, and provide students with feedback and opportunities to identify and address errors throughout the qualification to allow for safe progression? |
| S3.21 | If a student studies abroad for parts of the approved qualification, any outcomes studied and/or assessed abroad must be met in accordance with these standards. | Does the evidence demonstrate that there are clearly described, suitable and consistently applied policies and systems to ensure that any part of an approved qualification delivered abroad continues to meet the required standards and outcomes? |

### Standard 4: Management, monitoring and review of approved qualifications

Approved qualifications must be managed, monitored, reviewed and evaluated in a systematic and developmental way, through transparent processes that show who is responsible for what at each stage.

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| No. | Criteria | Guidance (non-exhaustive) for providers,EVPs and GOC staff and education decision-makers |
| S4.1 | The provider of the approved qualification must be legally incorporated (i.e., not be an unincorporated association) and provide assurance it has the authority and capability to award the approved qualification. | Is there evidence of the provider’s legal incorporation?  Is there evidence of the provider’s registration/approval status with a relevant UK qualification regulator or equivalent? |
| S4.2 | The provider of the approved qualification must be able to accurately describe its corporate form, governance and lines of accountability in relation to its award of the approved qualification. | Does the evidence demonstrate the provider’s corporate form, governance and lines of accountability, such as an organigram or equivalent?  Is there evidence of the role and responsibilities of all committees and oversight structures in relation to the organisational oversight and quality assurance of the qualification? |
| S4.3 | There must be a clear management plan in place for the award of the approved qualification and its development, delivery, management, quality control and evaluation. | Is there assurance that there are appropriate systems and structures to manage the development, delivery, management, quality control and evaluation of the qualification, and that there is a documented and defined management plan which is both realistic and achievable?  Does the evidence demonstrate that the management plan includes consideration of key issues and risks related to the qualification, including processes on how to mitigate or control risks as appropriate?  Does the evidence demonstrate that there are clearly defined roles and responsibilities for everyone involved in the delivery management, quality control and evaluation of the qualification? |
| S4.4 | The provider of the approved qualification may be owned by a consortium of organisations or some other combination of separately constituted bodies. Howsoever constituted, the relationship between the constituent organisations and the ownership of the provider responsible for the award of the approved qualification must be clear. | Is the corporate form and governance of the provider responsible for the award of the approved qualification clear?  Is there evidence that there are clearly described, suitable and consistently applied policies and systems to manage the responsibilities, liabilities and lines of accountability between any organisations forming a consortium?  If collaborative or partnership agreements are in place as defined by QAA or equivalent qualification regulator, are such arrangements appropriate for the award of the approved qualification?  Does the evidence demonstrate that all those involved in assessment decisions, regardless of location, are aware of the qualification assessment strategy including their defined roles and responsibilities, and how they are applied? |
| S4.5 | The provider of the approved qualification must have a named person who will be the primary point of contact for the GOC. | Is there a suitably qualified, experienced and named individual?  Does the evidence demonstrate that feedback or issues in relation to maintaining appropriate communication with GOC are reviewed, and appropriate action taken? |
| S4.6 | There must be agreements in place between the different organisations/people (if any) that contribute to the delivery and assessment of the outcomes, including during periods of learning in practice. Agreements must define the role and responsibility of each organisation/person, be regularly reviewed and supported by management plans, systems and policies that ensure the delivery and assessment of the outcomes meet these standards. | Is there assurance that the roles and responsibilities of everyone involved in the delivery and assessment of the qualification are clearly described, suitable and consistently enacted?  Does the evidence demonstrate that there are clearly described, suitable and consistently applied documented agreements between any organisations that contribute to the delivery and assessment of the outcomes, including during periods of learning in practice, such as sub-contractors, delivery partners and/or stakeholders, including communication links with key individuals and/or stakeholders and management plans? |
| S4.7 | The approved qualification must be systematically reviewed, monitored and evaluated using the best available evidence, including feedback from stakeholders, and action taken to address any concerns identified. Evidence should demonstrate that as a minimum there are:   * feedback systems for students and placement providers; * structured systems for quality review and evaluation; * student consultative mechanisms; * input and feedback from external stakeholders (public, patients, employers, commissioners, students and former students, third sector bodies, etc.) and * evaluation of business intelligence including the National Student Survey (NSS), * progression and attainment data.   To ensure that:   * provision is relevant and current, and changes are made promptly to teaching materials and assessment items to reflect significant changes in practice and/or research; * the quality of teaching, learning support and assessment is appropriate; and * the quality of placements, learning in practice, inter-professional and work-based learning, including supervision, is appropriate. | Is there assurance that the qualification is monitored, reviewed and evaluated using evidence from a variety of sources? This may include:   * feedback from students undertaking the qualification, former students who are recently registered professionals, placement providers and employers, patients and the public and external examiners/standard verifiers * staff appraisal * peer review * national and regional service-delivery commissioners * data, including NSS data and students attainment and progression data   Does the evidence show feedback processes are robust, rigorous and transparent and that:   * Internal feedback systems, such as end of module surveys, end of year surveys, and student-staff committees are appropriate and impactful? * External feedback systems, such as the NSS, are reflected upon and action taken to address any issues identified? * Feedback systems are acted on, documented, and shared as appropriate with those involved with the design and delivery of the qualification, including students? * There is an external and independent evaluation of the qualification, such as through external examiners and/or standard verifiers? * The qualification is developed as a result of internal and external quality assurance and monitoring? * Quality assurance processes are in place for reviewing changes in practice and to assess the impact on the qualification content including, learning in practice, inter-professional and work-based learning? * Are there suitable policies and systems to ensure that any reportable events and/or changes to the qualification are notified to the GOC and/or a relevant UK qualification regulator, with clear timeframes of who is responsible for what part of the updating process? Any changes to qualification content should be highlighted to students |
| S4.8 | There must be policies and systems in place for:   * the selection, appointment, support and training of external examiner(s) and/or internal and external moderator(s)/verifiers; and * reporting back on actions taken to external examiners and/or internal and external moderators/verifiers. | Is there assurance that external examiner(s) and/or internal and external moderator(s)/verifiers are appropriate for the role and have the required qualifications and experience in order to undertake the role effectively and objectively?  Is there assurance that external examiner(s) and/or internal and external moderator(s)/verifiers independently report on the assessment processes, including during learning in practice, inter-professional and work-based learning?  Does the evidence demonstrate how external examiner(s) and/or internal and external moderator(s)/verifiers reports are used to improve the qualification including assessment processes?  Does the evidence describe the responsibilities of external examiner(s) and/or internal and external moderator(s)/verifiers? This should include role descriptions with clearly defined roles and responsibilities. |
| S4.9 | There must be policies and systems in place to ensure the supervision of students during periods of learning and experience in practice safeguards patients and service-users and is not adversely affected by commercial pressures. | Does the evidence demonstrate that there are clearly described, suitable and consistently applied policies and systems which ensure that requirements of the learning in practice, inter-professional and work-based learning have been formally agreed between all involved in the supervision of students during periods of learning and experience in practice and that:   * Placement providers are given the appropriate information and support to facilitate learning in practice, inter-professional and work-based learning opportunities? * Placement providers are provided with the appropriate resources, tools and training to make an informed decision on students’ abilities to meet the agreed outcomes? * There are up to date records of the learning gained during learning and experience in practice, inter-professional and work-based learning and supervision arrangements of all those on the qualification? * There are mechanisms in place for liaising with placement providers regularly about the progress of a student which is supported by documentary evidence? * There are clear and documented learning agreements with mechanisms for raising concerns by the student, provider and placement provider? * Assessment and management of risk in relation to learning in practice, inter-professional and work-based learning, including risk of withdrawal of placement due to staff absence or sudden commercial pressure? |
| S4.10 | There must be policies and systems in place for the identification, support and training for all who carry responsibility for supervising students. The provider responsible for the award of the approved qualification must know how and by whom a student is being supervised during periods of learning in practice. | Is there assurance that documented policies and systems ensure that students are supervised appropriately, and, during periods of learning in practice, by a named supervisor(s), and that placement supervisor(s) are provided with the appropriate resources, tools and training to make an informed decision on students’ abilities to meet agreed outcomes?  Is there assurance that students only perform tasks for which they are competent, or learning to become competent, under appropriate supervision?  Does the evidence demonstrate that staff and supervisors have a clear understanding and action plan on what the students are expected to achieve from the periods of practice, inter-professional and work-based learning opportunities?  Does the evidence demonstrate that there are up to date records of student practice, inter-professional and work-based learning opportunities and appropriate supervision arrangements? |
| S4.11 | Students, and anyone who teaches, assesses, supervises, employs or works with students, must be able to provide feedback and raise concerns. Responses and action taken to feedback and concerns raised must be evidenced. | Is there assurance that there are clearly described, suitable and consistently applied policies and systems to act when concerns are raised, including clear lines of accountability, authority and responsibility and that feedback and concerns are documented and acted upon in a timely manner.  Does the evidence demonstrate that staff, students, employers and placement providers are aware of the process and their responsibilities to raise concerns about unsafe practice or quality assurance systems, and that feedback is actively sought from students and anyone who teaches, assesses, supervises, employs or works with students? |
| S4.12 | Complaints must be considered in accordance with good practice advice on handling complaints issued by the Office for the Independent Adjudicator for Higher Education in England and Wales (or equivalent). | Is there assurance that there are clearly described, suitable and consistently applied policies and systems for considering complaints in a timely and transparent way in accordance with advice by the relevant qualification regulator (where available).  Does the evidence demonstrate how complaints or concerns are acted upon and by whom, and how students are informed of complaints procedures, including processes for raising concerns about employers and course providers? |
| S4.13 | There must be an effective mechanism to identify risks to the quality of the delivery and assessment of the approved qualification, ensure appropriate management of commercial conflicts of interest and to identify areas requiring development. | Is there an appropriate assessment of key risks and issues, including management of commercial conflicts of interests that have the potential to impact on the delivery and assessment of the qualification, and identified, resourced plans for mitigation, counter or control (as appropriate)?  Is there assurance that staff and students are aware of their responsibilities to raise concerns about the quality of the qualification to relevant bodies, such as the GOC? |
| S4.14 | There must be systems and policies in place to ensure that the GOC is notified of any major events and/or changes to the delivery of the approved qualification, assessment and quality control, its organisation, resourcing and constitution, including responses to relevant regulatory body reviews | Are there clearly described, suitable and consistently applied policies and systems to ensure that any reportable events and/or changes to the qualification are notified to the GOC and/or a relevant UK qualification regulator?  Providers must seek approval from the GOC for any proposed change to a qualification which is, or has the potential to be, significant to its delivery. |

### Standard 5: Leadership, resources and capacity

Leadership, resources and capacity must be sufficient to ensure the outcomes are delivered and assessed to meet these standards in an academic, professional and clinical context.

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| No. | Criteria | Guidance (non-exhaustive) for providers, EVPs and GOC staff and education decision-makers |
| S5.1 | There must be robust and transparent mechanisms for identifying, securing, and maintaining a sufficient and appropriate level of ongoing resource to deliver the outcomes to meet these standards, including human and physical resources that are fit for purpose and clearly integrated into strategic and business plans. Evaluations of resources and capacity must be evidenced, together with evidence of recommendations considered and implemented. | Is there assurance that documented processes, including strategic/business plans, identify, secure, evaluate and maintain a sufficient and appropriate level of ongoing resource?  Is there assurance that there is sufficient resource, including human and physical resources, fit for purpose and appropriate to deliver the qualification?  Does the evidence demonstrate an appropriate evaluation of resources and capacity, with evidence of recommendations being considered and implemented, and feedback (for example, from students for external examiners) responded to meaningfully?  Does the evidence demonstrate that teaching and learning environments are suitable and have sufficient capacity to support the planned numbers of students? |
| S5.2 | There must be sufficient and appropriately qualified and experienced staff to teach and assess the outcomes. These must include:   * an appropriately qualified and experienced programme leader, supported to succeed in their role; * sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals; * sufficient supervision of students’ learning in practice by GOC registrants who are appropriately trained and supported in their role; and * an appropriate student:staff ratio (SSR), which must be benchmarked to comparable provision. | Is there assurance that the qualification is led by a suitably qualified, experienced and named individual who is the programme leader and that there are clearly described, suitable and consistently applied policies and systems to ensure that the programme leader is supported to succeed in their role?  Is there assurance that there is sufficient appropriately trained and supported staff from a suitable range of professional backgrounds?  Does the evidence demonstrate that the data informing the SSR calculation is clearly documented and appropriate, and that the SSR has been benchmarked to comparable provision, the results of which have been actively considered in the resourcing, design and delivery of the qualification, and any significant negative deviation acted upon? |
| S5.3 | Staff who teach and/or assess the outcomes must be appropriately qualified and supported to develop in their professional, clinical, supervisory, academic/teaching and/or research roles. These must include:   * opportunities for continuing professional development (CPD), including personal, academic and profession-specific development; * effective induction, supervision, peer support, and mentoring; * realistic workloads for anyone who teaches, assesses or supervises students; * for teaching staff, the opportunity to gain teaching qualifications; and * effective appraisal, performance review and career development support. | Is there assurance that there are effective training, appraisal, performance review, career development (CPD) and support systems for all those involved in the delivery of the qualification, including appropriate personal and professional development opportunities?  Does the evidence demonstrate that there are appropriate training and support opportunities for those involved in the delivery of an approved qualification, including academic staff, to develop in their professional, clinical, supervisory, academic/teaching and/or research roles; such as:   * formal and informal mentoring and feedback processes * effective supervision, opportunity to be mentored and appraisals * an appropriate and realistic workload * time to learn * continuing professional development opportunities * peer support * career development support? |
| S5.4 | There must be sufficient and appropriate learning facilities to deliver and assess the outcomes. These must include:   * sufficient and appropriate library and other information and IT resources; * access to specialist resources, including textbooks, journals, internet and web-based materials; * specialist teaching, learning and clinical facilities to enable the delivery and assessment of the outcomes; and * enrichment activities, which may include non-compulsory, non-assessed elements. | Is there assurance that there are appropriate levels of physical and specialist resources fit for purpose to deliver the qualification effectively, including those facilities used for the teaching and assessment of clinical and/or diagnostic skills? |
| S5.5 | Students must have effective support for health, wellbeing, conduct, academic, professional and clinical issues. | Is there assurance that students have access to appropriate, identified individual(s) who can assist with health, wellbeing, conduct, academic, professional and clinical issues related to the qualification and that those identified individuals are appropriately qualified, trained and suitable for their role?  Does the evidence demonstrate that there are mechanisms in place for regular liaison with those involved in the delivery of the qualification about the progress of the student? |

## Glossary

**Applicant**

A person applying to be admitted onto a GOC approved qualification.

**Awarding Organisation (AO)**

An awarding organisation (body) is an organisation recognised by a relevant qualification regulator (such as Ofqual, SQA and Qualifications Wales), for example, Open Awards, Pearson, City and Guilds.

**Centre provider**

An AO approved third party who delivers all or part of a regulated qualification on behalf of an AO.

**Education decision-maker**

A person responsible for making final decisions in line with the GOCs Education Decision-Making Framework.

**Education Quality Assurance Officer**

A GOC employee whose role is to ensure the proportionate and efficient quality assurance and approval of GOC approved qualifications.

**External Examiner**

An individual who has a formal role in the programme in evaluating the knowledge or competence of a student.

**Experiential learning**

A period of practical experience of working with patients, carers and other healthcare professionals in a range of environments (real life and simulated).

**Formative assessment**

A form of assessment that is ongoing, developmental and continuous and is used to give feedback and support to the student on their progress towards meeting the outcomes.

**Healthcare professional**

An individual who is approved to practise in a healthcare speciality or discipline by the relevant regulatory body in the UK.

**Inter-professional learning**

A period of engagement with students from other health and care professions that mirrors professional practise.

**Period of learning in practice**

The period of patient-facing supervised learning in practice specifically related to optometry or dispensing optics.

**Protected characteristics**

The nine protected characteristics as listed in the Equality Act 2010: age; disability; gender reassignment; marriage and civil partnership; pregnancy maternity; race; religion and belief; sex; and sexual orientation.

**Provider**

An establishment or organisation which delivers provider of a GOC approved qualification.

**Student**

An individual who is studying a GOC approved qualification.

**Supervisor**

The person responsible for supervising a student during periods of learning and experience in practice, in the workplace or during inter-professional learning.

**Summative assessment**

A form of assessment used to measure whether the student has achieved one or more of the outcomes.

**Qualification regulator**

Regulators with a statutory responsibility to oversee and quality assure Awarding Organisations, such as Ofqual, SQA, Qualifications Wales etc.

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1. Please see [GOC Regulated Qualification Framework Project | GeneralOpticalCouncil](https://optical.org/en/publications/goc-regulated-qualification-framework-project/) [↑](#footnote-ref-2)
2. <https://www.qaa.ac.uk/docs/qaa/quality-code/qualifications-involving-more-than-one-degree-awarding-body.pdf> [↑](#footnote-ref-3)
3. <https://www.gov.uk/guidance/ofqual-handbook/section-c-third-parties> [↑](#footnote-ref-4)
4. <https://www.gov.uk/guidance/ofqual-handbook/section-c-third-parties> [↑](#footnote-ref-5)