

Teesside University
General Optical Council (GOC) Provisional Approval Quality Assurance Revisit
BSc (Hons) Clinical Optometry
5, 6, & 7 April 2022 (3 days)

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PART 1 – VISIT DETAILS

1.2 Programme Details	
Programme title	Clinical Optometry
Programme type	BSc (Hons)
Programme description	<ul style="list-style-type: none"> The BSc (Hons) Clinical Optometry programme is a three-year, full-time programme that adheres to the standard academic year. Teesside University 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.
Approval status at the point of visit	Provisional approval
Approved student number	<p>24 per cohort.</p> <p>At the point of the visit, the programme was yet to start, and no students were in place.</p>

1.3 GOC Education Visitor (panel)	
Chair	Carl Stychin – Lay chair
Visitors	<ul style="list-style-type: none"> Alan Kershaw – Lay member Brendan Barrett – Optometrist member Janice McCrudden – Optometrist & Independent Prescribing Optometrist member Mark Chatham – Dispensing Optician & Contact Lens Optician member
GOC representatives	<ul style="list-style-type: none"> Ella Pobee – Approval & Quality Assurance Officer Samara Morgan – Head of Education

1.4. Purpose of the visit	
Visit type	Quality Assurance Visit
<p>The purpose of this provisional approval quality assurance revisit was to review:</p> <ol style="list-style-type: none"> Teesside University's (University) BSc (Hons) Clinical Optometry programme (programme) against the requirements, as listed in the <i>GOC's Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry 2015</i> (handbook) and the <i>GOC Education A&QA-Supplementary Document-List of Requirements</i> (list of requirements). The status of the outstanding conditions set at the provisional approval quality assurance revisit in July 2020. Whether the programme should remain subject to a serious concerns review. Whether the programme sufficiently meets the GOC's requirements for the University to be granted permission to admit students in September 2022. <p>This visit took place in person.</p>	

1.5 Programme history		
Date	Event type	Overview
22-23/08/2018	Visit	An approval visit was carried out. The panel concluded there was insufficient evidence to recommend provisional approval to the GOC Education Committee and requested further information on the following: <ul style="list-style-type: none"> • Patient episodes. • Signing-off of core competencies. • Clinic facilities. • Logbooks/record of experience. • Clinical mentors. • Staffing.
15/10/2018	Event	The GOC Education Committee reviewed the findings of the August 2018 approval visit. It agreed that there was insufficient evidence to grant provisional approval.
02-03/05/2019	Visit	An approval revisit was carried out. The panel deemed there was insufficient evidence to recommend that provisional approval was granted and requested further information in relation to seven unmet requirements concerning: <ul style="list-style-type: none"> • Accommodation/equipment. • Staffing. • The patient base. • External examiners. • Placements. It also recommended that the initial student intake was limited to twelve students.
25/06/2019	Event	The GOC Education Committee reviewed the findings of the May 2019 approval revisit. It agreed that there was insufficient evidence to grant the programme provisional approval.
27/06/2019	Change	The University informed the GOC it would like to amend the start date of the programme to January 2020.
01/10/2019	Visit	To accommodate the request for a January 2020 intake, a second approval revisit was carried out. The panel recommended that provisional approval was granted. It recommended that five requirements be deemed unmet, and nine conditions set.
13/11/2019	Event	The GOC Council agreed the recommendations offered by the panel at the October 2019 visit and awarded provisional approval to the programme.
19/11/2019	Change	The University notified the GOC of its intention to postpone the programme start date until September 2020. The University submitted a request to increase the programme's cohort size to 24 students.
06/05/2020	Change	The student increase request was agreed by the GOC executive (executive).

20/07/2020	Event	In line with the <i>Effective Conditions Management</i> process ¹ , the programme was made subject to a serious concerns review (SCR) as the University was unable to provide sufficient assurance in relation to the conditions set in October 2019. Areas of concern were: <ul style="list-style-type: none"> • Staffing. • Facilities/equipment resource. • Teaching delivery, including the changes made as a result of the covid emergency. • Placements. • Course content/materials.
22-23/07/2020	Visit	A provisional approval quality assurance visit was carried out. The panel recommended to the GOC executive that: <ul style="list-style-type: none"> • The programme was not sufficiently ready to start in September 2020. • The programme remained subject to a SCR. • 18 requirements were deemed unmet. • 14 conditions were set. • Three recommendations were offered.
28/07/2020	Other	The executive reviewed the July 2020 visit outcomes and set the following additional condition: <i>Teesside University must not admit students to its BSc (Hons) Clinical Optometry programme (programme) until it is able to satisfy the GOC that the programme adequately meets GOC standards, enabling the GOC to remove this condition.</i>
22/01/2021	Other	The University requested that the provisional approval quality assurance revisit scheduled for May 2021 was postponed due to the effects of the pandemic.
12/07/2021	SCR Meeting	In line with the SCR process, a support and progress meeting was held with the University. The University provided an update on the programme and the outstanding conditions (from July 2020).
11/10/2021	SCR Meeting	A support and progress meeting was held with the University. The University provided an update on the programme and the outstanding conditions (from July 2020).
11/01/2022	SCR Meeting	A support and progress meeting was held with the University. The University provided an update on the programme and the outstanding conditions (from July 2020).
15/01/2022	Other	The University was informed that the outstanding conditions, set at the provisional approval quality assurance visit in July 2020, would be reviewed as part of the provisional approval quality assurance revisit scheduled for April 2022.

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

PART 2 – VISIT SUMMARY

2.1 Visit outcomes & summary of panel recommendations to the GOC	
Previous conditions & recommendations	<p>The panel recommends that:</p> <ul style="list-style-type: none"> • Of the 15 conditions set at the July 2020 provisional approval quality assurance revisit conditions 1, 2, 4, 5, 7, 8, 9, 12, 13, 15 are deemed met. • Condition 3 remains open with a new deadline. • Further information is required for conditions 6 & 14 • Conditions 10 & 11 are deemed superseded. <p>Details regarding the previous conditions and recommendations are set out in sections 4.1a & 4.1b</p>
New conditions	<p>After reviewing the programme against the requirements, as listed in the handbook and the list of requirements, the panel recommends that:</p> <ul style="list-style-type: none"> • 12 requirements are identified as deficient/unmet. • Six new conditions are set. <p>Details regarding the conditions are set out in section 3.1</p>
New recommendations	<p>After reviewing the programme against the requirements, as listed in the handbook and the list of requirements, the panel recommends that:</p> <ul style="list-style-type: none"> • Three new recommendations are offered. <p>Details regarding the recommendations are set out in section 3.1</p>
New commendations	<p>After reviewing the programme against the requirements, as listed in the handbook and the list of requirements, the panel recommends that:</p> <ul style="list-style-type: none"> • One new commendation is offered. <p>Details regarding the commendation are set out in section 3.3</p>
Approval status	<p>The panel recommends that:</p> <ul style="list-style-type: none"> • Provisional approval remains in place for the programme.
Student numbers	<ul style="list-style-type: none"> • There were no cohorts in place at the time of the visit. • The University has GOC approval for 24 students* <p>* See section 3.1 for further details.</p>
Proposed start date	September 2022
Next visit	March 2023

<p>Factors to consider when scheduling next visit e.g., when students are in, hospital, audit etc.</p>	<p>The panel recommends that the next visit should take place:</p> <ul style="list-style-type: none"> • By March 2023. • As an in-person visit. • At a time that enables the panel to speak with students.
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2.2 Navigating this report	
Visit issue	Section of report
Review of the programme against the requirements, as listed in the handbook and the list of requirements.	Whole report
Status of the outstanding conditions set at the provisional approval quality assurance revisit in July 2020.	4.1a
Whether the programme should remain subject to an SCR.	4.2
Whether the programme sufficiently meets the GOC's requirements for the University to be granted permission to admit students in September 2022.	4.3

PART 3 – CONDITIONS, RECOMMENDATIONS & COMMENDATIONS

3.1 Conditions set at the visit	
<p>Conditions are applied to training and assessment providers if there is evidence that the GOC requirements are not met. The conditions (unmet requirements) for this visit are set out below along with the actions that are required to meet the requirement.</p>	
<p>OP1.9 OP2.2 OP2.4 OP2.5 OP2.6 OP2.8 OP2.9 OP2.11</p>	<p>Staff must have the capacity to respond to student enquiries, provide feedback and support in a timely manner.</p> <p>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.</p> <p>The adequacy of both the number and range of staff must be justified in the context of the mode of delivery.</p> <p>The balance of full time, part time, hourly paid, technical and administrative staff must be supported by a clear rationale.</p> <p>The role and contribution of individual members of staff to programme delivery must be determined on the basis of their expertise and experience.</p> <p>The programme must be led by a full time GOC-registered optometrist (preferably professorial level).</p> <p>There must be a minimum of four full time GOC-registered optometrists in post to include the leadership post.</p> <p>The supervisory structure, lines of authority and responsibilities of staff members must be clearly outlined.</p>
Condition 1	<p>The University must ensure a sufficient, and appropriately skilled and qualified, staffing base is in post, with the capacity, in accordance with the University's academic workload model, to further develop, deliver and review, all aspects of the approved programme, taking into account the number of students enrolled at any point in time.</p>
Date due	1 June 2022
Condition 2	<p>The University must produce a staffing plan that clearly identifies robust recruitment development and contingency plans to support the proactive management of risk that includes:</p> <ul style="list-style-type: none"> • The current staffing numbers and range. • The proposed staffing numbers for the first year of the programme. • How the programme team will be expanded and developed to meet increased student numbers and the needs of the programme. • The contingency action that will be taken in the event that the staffing level drops below the requirements.
Date due	1 June 2022
Condition 3	<p>The University must appoint a programme lead who meets the conditions stipulated in requirement OP2.8.</p>
Date due	1 June 2022

Rationale for conditions 1, 2, & 3	<p>The University informed the panel that the current staffing level is 1.5 full time equivalents (FTE) with a proposed increase to 2.5FTE to be in place by the end of summer, 2022.</p> <p>The panel notes the progress that has been made in increasing staff numbers and range of experience since the last visit. However, it continues to have the following concerns:</p> <ul style="list-style-type: none"> • The current staffing level (1.5FTE in post) is not sufficient to meet the listed requirements. • The University has a policy that written feedback must be provided to students within twenty working days. The capacity of the proposed staffing level (2.5FTE) may not be sufficient to meet this requirement as staff will need time to complete relevant teaching and postgraduate programmes. • Most staff (three out of the four) making up the 2.5FTE will be working part time which could compromise programme delivery. • The panel is aware of the new staff members that are due to start with the programme over the summer however, even with the inclusion of these individuals, the listed requirements may not be sufficiently met. • The staff currently in post, and the proposed incoming staff are outlined but further evidence is required that these latter individuals are actually in post. <p>The University has stated that the initial cohort will be reduced to 12 students (from the approved number of 24 students) to help mitigate some of the risks presented by current and proposed staffing levels. The panel notes this risk mitigation strategy.</p> <p>The panel considers that a contingency plan is required for how the programme will be managed and delivered if staffing drops below current levels.</p>
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OP3.3 OP5.11	<p>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.</p> <p>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</p> <p>*The wording of requirement OP3.3 has been superseded by the provisions within the Temporary Supervision Policy (2020) https://optical.org/en/publications/temporary-supervision-policy/.</p>
Condition 4	<p>The University must develop and implement more robust governance and contractual arrangements with individual mentors and assessors (rather than the placement providers) that ensure these individuals are appropriately qualified and registered and that they adhere to GOC requirements.</p>
Date due	<p>1 June 2022</p>
Rationale	<p>The panel was concerned to note that contractual arrangements for placements are made with placement providers i.e., organisations but not</p>

	<p>with individual mentors and assessors. It considers that this could present a risk and that the University should introduce agreements with individual mentors and assessors which require people to disclose if they are the subject of any current restrictions or investigations.</p> <p>Additionally, the panel considered that a glossary of terms would be helpful to mentors, assessors, placement providers, and students.</p>
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OP4.8	The provider must have clear and appropriate criteria for each assessment which are communicated effectively to students along with any differential weightings of assessment.
Condition 5	The University must provide robust details on the formats and weightings for all year 1 assessments showing how they adhere to this requirement.
Date due	1 June 2022
Rationale	<p>The panel was not provided with details of the assessment criteria which are due be uploaded onto the virtual learning environment.</p> <p>At the last visit, an external examiner and a member of staff expressed concern about the robustness of assessments. The risk was considered significant enough that the panel recommended that conditions were set around assessments.</p> <p>The panel was concerned that the external examiners have not reviewed the current assessments. The programme team explained that this is due to these being in a development stage and that they would be shared with the external examiners once completed.</p>

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 6	The University must submit a programme-level risk register that outlines current and potential risks to the programme and details how these will be mitigated.
Date due	1 June 2022
Rationale	<p>As the programme is yet to admit students it has not been required to submit a risk register/analysis as part of the GOC's annual monitoring and review process. The panel considers that a risk register/analysis would provide assurance that the programme team is aware of the current and potential risks to the programme and has developed (or is developing) risk-mitigation strategies for these.</p> <p>The panel considers that the area of staffing currently presents a high risk to the programme.</p>

3.2 Recommendations offered at the visit	
The panel offers the following recommendations to the provider. Recommendations indicate enhancements that can be made to a programme that are not directly linked to compliance with GOC requirements	
OP1.2 OP2.12 OP6.1	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.

	<p>The provider must ensure that the patient-base is appropriate for 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</p> <p>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</p>
Recommendation 1	<p>The panel considers that, as work on the surrogate patient database started in 2019, and the length of time from its start until patients are required is substantial, the programme team should regularly review the database to ensure it contains a sufficient number and range of patients. This should include patients who are young children and patients who have the required specialist pathologies.</p>

OP1.6	<p>Students must have access to opportunities for multi-disciplinary learning and to understand their role within the wider healthcare team.</p>
Recommendation 2	<p>The panel notes the high level of multi-disciplinary working within the programme with input from varied professionals from across the optical sector.</p> <p>The panel considers that the level of multi-disciplinary working could be expanded to include other allied professionals from within the University's School of Health and Life Sciences, therefore giving students differing perspectives and learning on issues such as communication, ethics, professionalism, geriatric practice, and infection control procedures etc.</p>

OP5.4	<p>The external examiners' remit must include all the professional requirements of the programme including any clinical portfolios.</p>
Recommendation 3	<p>The University should increase the levels of communication and engagement with the external examiners to ensure they are aware of their remit for both professional and academic elements of the programme.</p> <p>The panel noted that information about the external examiners remit is contained within the external examiners' handbook but conversations with the external examiners indicated only limited engagement between them and the programme team. The panel considered that this area needs to be reinforced.</p> <p>See recommendation 2 in section 4.1b for further details.</p>

3.3 Commendations offered at this visit	
<p>The panel notes the progress made on the programme since the last visit and commends the input of the current lecturer and senior lecturer.</p>	

3.4 Unable to assess requirements	
Due to the stage of the programme the panel was unable to <i>fully</i> assess the requirements listed below as the requirements are not currently applicable. These unassessed requirements will be reviewed as part of ongoing quality assurance activity.	
A6.1	Providers must submit a completed annual monitoring form each year to the GOC, in line with the timings outlined in the GOC's schedule
OP2.3	Programme resourcing must be determined in accordance with the resource allocation model.
OP2.7	Staffing levels must be increased proportionately to reflect any increase in the number of students recruited to the programme.
OP2.13	The provider must have adequate resources for the appointment, training, and review of assessors and any management of them (e.g., lead assessors and the appointment of external examiners).
OP2.16	The number of part time hourly staff must not exceed 30% of the total staff numbers
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).
OP5.5	The provider must ensure that the external examiners are, within a reasonable timeframe, provided with a response to their reports, detailing any actions to be taken.
OP6.5	A competence must only be signed off as a result of the required behaviours (performance criteria and indicators) having been demonstrated.
OP6.6	Understanding of competencies must be evidenced through practical demonstration or by a written or oral assessment. 'Ability to do' competencies must be tested through practical assessment.
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.

3.5 Non-applicable requirements	
The panel recommends that some requirements be deemed non-applicable to the programme due to the programme's structure and level and the differing, but overlapping, roles and responsibilities of the University and the CoO: <ul style="list-style-type: none"> ➤ 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. 	
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.

PART 4 - ADDITIONAL VISIT ISSUES

4.1a Previous unmet requirements and conditions		
The unmet requirements and conditions listed below are extracted from the report of the provisional approval quality assurance revisit carried out on 22 & 23 July 2020.		
Requirement number	Condition description & number	Status
A3.1	Condition 1 A policy/statement detailing how the university's APL policy will be applied to the optometry programme must be submitted.	MET No further action required at present. The relevant requirements will continue to be monitored as part of ongoing quality assurance activity.
OP1 OP1.2 OP4.1 OP4.3 OP6.3 OP6.6 OP7.1	Condition 2 The programme team must submit the completed programme materials for year 1/semester 1 at least two calendar months before the start of the programme.	MET No further action required at present. The relevant requirements will continue to be monitored as part of ongoing quality assurance activity.
	Condition 3 The programme team must submit the completed programme materials for year 1/semester 2 at least two calendar months before the start of the semester two.	OPEN <u>Action:</u> The programme team must submit the completed programme materials for year 1/semester 2 at least two calendar months before the start of semester two. <u>Date due:</u> 1 November 2022
	Condition 4 The programme documentation must clearly indicate the route to registration, including the programme's structure and content, and where learning outcomes, core competencies and patient episodes will be assessed and achieved.	MET No further action required at present. The relevant requirements will continue to be monitored as part of ongoing quality assurance activity.
	Condition 5 The programme documentation must explicitly identify where, how and by whom core competency-based assessments are to be carried out.	MET No further action required at present. The relevant requirements will continue to be monitored as part of ongoing quality assurance activity.
	Condition 6 Documentation submitted must evidence that the assessment method is suitable for the learning outcomes being assessed.	FURTHER INFORMATION IS REQUIRED <u>Action:</u> The University must submit the completed assessment materials for year 1/semester 1. These must have completed all necessary internal governance processes.

		<u>Date due:</u> 30 September 2022
	Condition 7 The programme documentation must map the stated learning outcomes against the GOC's requirements and standards, with evidence that external examiners have been effectively engaged in this process.	MET No further action required at present. The relevant requirements will continue to be monitored as part of ongoing quality assurance activity.
OP1.6	Condition 8 A structured plan must be submitted that clearly sets out a programme of multi-disciplinary learning opportunities across the whole programme.	MET No further action required at present. The relevant requirements will continue to be monitored as part of ongoing quality assurance activity.
OP2.1	Condition 9 A structured, definitive plan for the development of the clinic space must be submitted. The plan must detail how the clinical space will be utilised to deliver the GOC requirements in terms of learning clinical skills, patient episodes and core competencies.	MET No further action required at present. The relevant requirements will continue to be monitored as part of ongoing quality assurance activity.
OP2.2 OP2.4 OP2.5 OP2.6 OP2.9	Condition 10 A comprehensive staffing plan (including teaching, support and clinic staff) for the development of the programme must be submitted	SUPERSEDED This condition is deemed superseded by conditions 1, 2, & 3 set during the provisional approval quality assurance revisit carried out in April 2022.
	Condition 11 The programme team must meet the requirement of four full time equivalent (FTE) GOC-registered optometrists and have in place an appropriate contingency plan in the event this requirement is not met	SUPERSEDED This condition is deemed superseded by conditions 1, 2, & 3 set during the provisional approval quality assurance revisit carried out in April 2022.
OP2.12	Condition 12 Evidence must be submitted detailing how the patient base will be composed (for example, from surrogates and/or patients from the GOS clinic).	MET No further action required at present. The relevant requirements will continue to be monitored as part of ongoing quality assurance activity.
OP3.1	Condition 13 Evidence must be submitted that the importance of compliance with the GOC standards is highlighted within all student facing documentation.	MET No further action required at present. The relevant requirements will continue to be monitored as part of ongoing quality assurance activity.
OP3.6	Condition 14	FURTHER INFORMATION IS REQUIRED

	Refresher training must be provided to all the practice placement mentors prior to students commencing placements.	<p><u>Action:</u> The University must submit evidence that confirms all mentors have completed the necessary training (initial and refresher).</p> <p><u>Date due:</u> 30 September 2022</p>
N/A	<p>Condition 15 Teesside University must not admit students to its BSc (Hons) Clinical Optometry programme (programme) until it is able to satisfy the GOC that the programme adequately meets GOC standards, enabling the GOC to remove this condition.</p>	<p>MET</p> <p>The University has been granted permission to start delivery of the programme from September 2022.</p>

4.1b Previous recommendations		
The recommendations listed below are extracted from the provisional approval quality assurance revisit report of 22 & 23 July 2020.		
Recommendation 1	<p>The panel recognises the recent increased levels of communication from the programme team and requests that this continues.</p> <p>The programme has experienced multiple changes since its inception, including to its structure and content, and to the programme team and management. The panel considers that this increased engagement is essential for the timely communication of changes.</p>	<p>The panel noted the progress that has been made in this area and requests that it is maintained.</p>
Recommendation 2	<p>The panel was informed that two external examiners have been appointed: one as an award and module examiner and the other as a module examiner. The panel considers it would be beneficial for the external examiners to share responsibility for each area and collaborate on the reviewing of each module. This is particularly the case due to the newness of the programme.</p> <p>The panel noted the less experienced external examiner</p>	<p>The panel considers that this recommendation could be further developed and has set a further recommendation.</p> <p>See section 3.2 for further details.</p>

	has been provided with a mentor and believes that closer collaboration between the external examiners allocated to the programme would provide the required additional optometry-specific support.	
Recommendation 3	A risk assessment tool used in the auditing of practice placements was submitted as part of the pre-visit documentation. The panel considers that a broader system of risk assessment will be beneficial to the programme and suggests the creation and active management of a risk register that encompasses the whole programme including, but not limited to, staffing, programme viability, placements, and quality of education, training and assessment.	See condition 6 in section 3.1 for further details.

4.2 Serious case review (SCR)	
Recommendations & Outcomes	The programme remains subject to an SCR.
Rationale	<p>The panel notes and welcomes the engagement of the University and the progress of the programme since the last visit. This has been evidenced by the closing of many conditions set in July 2020 and the updates provided as part of the current quality assurance activity. However, the GOC has decided that the programme remains subject to a SCR.</p> <p>In making this decision the following were considered:</p> <ul style="list-style-type: none"> • The pre-visit documentation for this visit. • Conversations held during this visit. • The outcome of the triage of the outstanding conditions set at the July 2020 approval quality assurance visit. <p>Although considered in conjunction with the issues outlined in section 1.4 this decision was not contingent on other recommendations/decisions.</p> <p>The panel considers that risks remain in the following areas:</p> <ul style="list-style-type: none"> • Staffing (and impact on teaching delivery). • Relationship with external examiners. • Assessments.

	The GOC considers that the risks presented by the programme are such that the programme remains subject to a SCR. The programme remaining subject to an SCR will enable the GOC to continue to maintain closer scrutiny of the programme's progress against the GOC's standards and requirements and maintain increased communication with, and support to, the University.
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4.3 Readiness of the programme to start in September 2022

Background	<p>Due to concerns about the programme as a result of quality assurance activity carried out in July 2020 the executive set the following condition (condition 15):</p> <p><i>Teesside University must not admit students to its BSc (Hons) Clinical Optometry programme (programme) until it is able to satisfy the GOC that the programme adequately meets GOC standards, enabling the GOC to remove this condition</i></p>
Outcome	<p style="text-align: center;">Condition 15 is now deemed MET</p> <p style="text-align: center;">and the University has been granted permission to admit an initial cohort onto the programme in September 2022.</p>
Rationale	<p>In considering the programme's readiness to start in September 2020 the following were taken into account:</p> <ol style="list-style-type: none"> 1. The pre-visit documentation for this visit. 2. Conversations held during this visit. 3. The outcome of the triage of the outstanding conditions set at the July 2020 provisional approval quality assurance visit. 4. The outcomes of the triage of the draft conditions set at this visit. These will be reported in the next visit report. 5. The views and recommendations of the panel in relation to issues 1-4 listed above. <p>Evidence submitted assured the GOC that the relevant requirements have been sufficiently met and that the University is ready for a September 2022 intake onto the programme for example:</p> <ul style="list-style-type: none"> • The University has met most of the July 2020 conditions. • Significant progress has been made on the programme since the July 2020 revisit. • A more stable staff team, with a programme lead, is in place. <p>The GOC notes that concerns remain but considers that these can be managed using the usual quality assurance processes and the closer scrutiny provided by the SCR process.</p>