

University of Plymouth
GOC FULL APPROVAL QUALITY ASSURANCE VISIT
BSc (Hons) Optometry
23 and 24 March 2022

Report confirmed by GOC	Click or tap to enter a date.
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PART 1 – VISIT DETAILS

1.2 Programme details	
Programme title	BSc (Hons) Optometry.
Programme description	<ul style="list-style-type: none"> • Full time programme. • Three years in duration with core modules throughout. • Regional practice placements in Years 1 and 2, and a hospital placement in Year 3. • A supervised research project in Year 3.
Current approval status	Fully approved (FA)
Approved student numbers	72 students per cohort.

1.3 GOC Education Visitor Panel (EVP)	
Chair	<ul style="list-style-type: none"> • Mark Bissell, Lay Chair.
Visitors	<ul style="list-style-type: none"> • David Hill, Optometrist. • Julie Hughes, Dispensing Optician. • Will Naylor, Lay Member. • Graeme Kennedy, Optometrist.
GOC representative	<ul style="list-style-type: none"> • Shaun de Riggs, Approval and Quality Assurance Officer.

1.4 Purpose of the visit	
Visit type	FULL APPROVAL QUALITY ASSURANCE VISIT
<p>The purpose of this full approval quality assurance visit was to:</p> <ol style="list-style-type: none"> 1. Review the University of Plymouth’s BSc (Hons) Optometry programme to ensure it meets the requirements as listed in the GOC’s <i>Optometry Handbook 2015</i> and the <i>GOC Education A&QA-Supplementary Documents-List of Requirements</i> (Optometry programme requirements). <p>Due to the ongoing COVID-19 emergency this visit took place remotely.</p>	

1.5 Programme history		
Date	Event type	Overview
29 and 30 January 2019.	Visit	Two-day EVP quality assurance visit to the programme. One condition was set at this visit (see Part 2).

PART 2 – VISIT SUMMARY

2.1 Visit outcomes	
The Panel (EVP) recommended that the full approval of the University of Plymouth's BSc (Hons) Optometry programme should be continued. The EVP did not set any conditions (no requirements were deemed as unmet) and provided seven recommendations to the programme.	
Summary of recommendations to the GOC	
Previous conditions – met/unmet	The EVP deemed: <ul style="list-style-type: none"> The GOC deemed the outstanding condition to be met. Details regarding the previous condition is set out in section 2.2 .
New conditions	The EVP recommends that: <ul style="list-style-type: none"> All of the applicable Optometry programme requirements were deemed as met. No new conditions are set.
Actual student numbers	2020/2021 <ul style="list-style-type: none"> Year 1 - 72 Year 2 - 73 Year 3 - 71 2021/2022 <ul style="list-style-type: none"> Year 1 - 79 Year 2 - 68 Year 3 – 73
Approval/next visit	In accordance with the GOC's quality assurance processes and procedures, the next visit will be assessed according to the annual monitoring reports submitted to the GOC or any other arising factors which indicate that a visit should take place.
Factors to consider when scheduling next visit e.g., when students are in, hospital, audit etc.	<ul style="list-style-type: none"> N/A.

2.2 Previous conditions		
The conditions listed below are extracted from the report of Click or tap to enter a date.		
Requirement number	Condition number and description	Status
1	The University must provide data on student progression rates for all years of the programme	This condition was deemed MET by the executive prior to this visit taking place and was not reviewed by the EVP at this visit.

2.3 Previous recommendations

The recommendations listed below are extracted from the report of 29 and 30 January 2019.

Description	Comments
1. Plans for the relocation of the School of Health Professions should be finalised, and all stakeholders kept informed, including submission to the GOC in a timely manner.	The Panel deemed that this recommendation had been addressed by the University of Plymouth.
2. The team should encourage students to make better use of the opportunities provided to reflect on their learning and practice experience.	The Panel deemed that this recommendation had been addressed by the University of Plymouth.
3. Dispensing rubrics should be incorporated into Pebble Pad.	The Panel deemed that this recommendation had been addressed by the University of Plymouth.
4. The programme team should consider the differing learning needs of all students, who are from a variety of educational backgrounds.	The Panel deemed that this recommendation had been addressed by the University of Plymouth.
5. The programme team should review their student recruitment processes.	The Panel deemed that this recommendation had been addressed by the University of Plymouth.

2.4 Non-applicable requirements

The EVP recommends that some requirements be deemed non-applicable to the programme at this stage due to its structure and level and the differing, but overlapping, roles and responsibilities of the College of Optometrists (CoO), for example:

- the CoO is responsible for the clinical placement and ensuring all the elements of 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 3 – CONDITIONS, RECOMMENDATIONS & COMMENDATIONS

Conditions are applied to training and assessment providers if there is evidence that the GOC requirements are not met.

Recommendations indicate enhancements that can be made to a programme, these may not be directly linked to compliance with GOC requirements.

3.1 No conditions were set at this visit

3.2 Recommendations offered at this visit

The EVP offers the following recommendations to the provider.

A1.1	A programme's approval status (and any changes) must be clearly and readily communicated to prospective and current students, including a clear explanation for what the status means in terms of entering the GOC register, and (where applicable) this must also be explained to their employer and supervisor.
Recommendation 1	To amend reference to the "provisional approval" status of the BSc (Hons) Optometry programme in the University of Plymouth's <i>Optometry Programme Handbook</i> to accurately reflect the course's status as fully approved by the General Optical Council.
Rationale	<p>In the pre-visit documentation that the Panel reviewed before the visit, it was noted that the University of Plymouth's <i>Optometry Programme Handbook</i> states that the qualification is "provisionally approved". The course was granted full approval by the Council in February 2017. The Panel brought this to the attention of the university during the closing meeting of the visit.</p> <p>The Panel decided to provide a recommendation as it was deemed that this administrative error/oversight did not meet the threshold of the requirement being considered as unmet.</p>
A3.1	Providers must have a robust recognition of prior learning and accreditation of prior learning (RPL/APL) policy and associated procedures in place, which are quality assured and align with GOC policy
Recommendation 2	To amend the section in the programme specification related to APL with reference to the university's APL policy and the GOC's requirements.
Rationale	In the pre-visit documentation that the Panel reviewed before the visit, the Panel noted that the programme specification does not reference the university's APL policy or the GOC's requirements. This gave rise to concern that the university's APL policy could be applied inconsistently.

	The Panel decided to provide a recommendation as it was deemed that the university does have an APL policy and associated procedures, and therefore this matter did not meet the threshold of the requirement being deemed as unmet.
OP2.8	The programme must be led by a full time GOC-registered optometrist (preferably professorial level).
OP2.11	The supervisory structure, lines of authority and responsibilities of staff members must be clearly outlined.
Recommendation 3	To clarify the leadership roles of the programme and the reporting structures to the GOC.
Rationale	<p>The Panel heard evidence in the meeting with Academic staff that there was some overlap and ambiguity between the Academic Lead and Programme Lead's roles and responsibilities. Furthermore, the Panel noted that the most recent AMR submission to the GOC reports that the Academic Lead is also the Programme Lead.</p> <p>The Panel decided to provide a recommendation as it was deemed that this requirement did not meet the threshold being deemed as unmet.</p>
OP3.3	All clinical activities and elements of practice-based learning must be carried out under the supervision of a GOC-registered and approved supervisor who meets the GOC requirements.
Recommendation 4	To update the <i>Clinical Tutor Handbook</i> to clarify which parts of the document are applicable to clinical tutors.
Rationale	<p>The Panel noted some ambiguity in the <i>Clinical Tutor Handbook</i> and experienced some confusion in being able to clearly distinguish which sections specifically related to students and Clinical Tutors.</p> <p>The Panel decided to provide a recommendation as it was deemed that this requirement did not meet the threshold of being deemed as unmet.</p>
OP4.6	The assessment regulations must clearly specify the assessment criteria and requirements for student progression and achievement within the route to registration.
Recommendation 5	The Optometry Programme specification should be updated to clearly state the requirements (i.e., a minimum 2:2) for student progression and achievement within the route to registration.
Rationale	<p>In the pre-visit documentation that the Panel reviewed before the visit, the Panel noted that The Optometry Programme specification does not state the requirements (a minimum 2:2) for student progression and achievement within the route to registration.</p> <p>The Panel decided to provide a recommendation as it was deemed that this requirement did not meet the threshold of being deemed as unmet.</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.
Recommendation 6	To ensure that the undergraduate <i>Annual Programme Plan</i> reflects the full range of feedback that the university receives from Optometry programme students.
Rationale	<p>In the pre-visit documentation that the Panel reviewed before the visit, the Panel noted that the most recent <i>Annual Programme Review</i> (November 2021) did not appear to contain all the student feedback, specifically from the staff student liaison meetings.</p> <p>The Panel decided to provide a recommendation as it was deemed that this requirement did not meet the threshold of being deemed as unmet.</p>

OP6.7	Students must demonstrate that they have achieved a Certificate of Clinical Competence at Stage 1 in order to begin their external supervised pre-registration placement.
Recommendation 7	Implement a formal moderation process which specifies how and why decisions may be amended within the traffic light system used for recording patient episodes, and documents who is responsible for authorising any subsequent changes made.
Rationale	<p>The Panel heard evidence in the Assessment and Progression/Core Competencies meeting that scores could be changed within the traffic light system used for recording patient episodes at the end of the trimester.</p> <p>The Panel decided to provide a recommendation as it was deemed that this requirement did not meet the threshold of being deemed as unmet.</p>