

<b>Teesside University</b>
<b>Provisional Approval Quality Assurance Visit</b>
<b>BSc (Hons) Clinical Optometry</b>
<b>22 &amp; 23 July 2020 (2 days)</b>

<b>Date report completed</b>	10 August 2020
<b>Report confirmed by GOC</b>	11 December 2020

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## PART 1 – VISIT DETAILS

1.2 Programme Details	
Programme title	Clinical Optometry
Programme type	BSc (Hons)
Current approval status	Provisional approval
Approved/current student numbers	24

1.3 GOC Education Visitor Panel (EVP)	
Chair	Carl Stychin – Lay Member
Visitors	Graeme Stevenson – Dispensing Optician/CLO Navneet Gupta – IP Optometrist Alan Kershaw – Lay John Siderov – Optometrist
GOC representative	Ella Pobee – Approval & Quality Assurance Officer
Observer	Lisa Venables – Education Manager

1.4. Purpose of the Visit	
Visit type	Quality Assurance Visit
<p>The purpose of this provisional approval quality assurance visit was to review Teesside University's (university) BSc (Hons) Clinical Optometry programme (programme) against the requirements, as listed in the GOC's Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry 2015 and the GOC Education A&amp;QA-Supplementary Document-List of Requirements.</p> <p>Additionally, the EVP was asked to make recommendations to the GOC on the following issues:</p> <ol style="list-style-type: none"> <li>1. the status of the outstanding conditions (unmet requirements) and actions set at the second provisional approval revisit in October 2019,</li> <li>2. the evidence submitted in support of the changes made to the programme as a result of the COVID-19 emergency (emergency),</li> <li>3. the programme's readiness to start in September 2020, and</li> <li>4. whether the programme should remain subject to a serious concerns review (SCR).</li> </ol> <p>Due to the emergency this visit took place remotely.</p> <p>As a result of the emergency and the stage of the programme, there were requirements the EVP was unable to fully assess (see section 3.4 for further details). These unassessed requirements will be reviewed as part of ongoing quality assurance activity.</p>	

1.5 Programme history		
Date	Event type	Overview
22-23/08/2018	Visit	An approval visit is conducted. The EVP concludes there is insufficient evidence to recommend provisional approval to the GOC Education Committee and requests further information on the following:

		<ul style="list-style-type: none"> <li>• patient episodes</li> <li>• signing-off of core competencies</li> <li>• clinic facilities</li> <li>• logbooks/record of experience</li> <li>• clinical mentors</li> <li>• staffing</li> </ul>
15/10/2018	Event	The GOC Education Committee reviews the findings from the August 2018 approval visit. It agrees that there is insufficient evidence to grant provisional approval.
02-03/05/2019	Visit	<p>An approval revisit is undertaken. The EVP deems there is insufficient evidence to recommend that provisional approval is granted and requests further information in relation to seven unmet requirements relating to:</p> <ul style="list-style-type: none"> <li>• accommodation/equipment</li> <li>• staffing</li> <li>• the patient base</li> <li>• external examiners</li> <li>• placements</li> </ul> <p>It also recommends that the initial student intake is limited to twelve.</p>
25/06/2019	Event	The GOC Education Committee reviews the findings of the May 2019 approval revisit. It agrees that there is insufficient evidence to grant provisional approval.
27/06/2019	Change	The university informs the GOC it would like to amend the start date of the programme to January 2020.
01/10/2019	Visit	A second approval revisit is conducted. The EVP recommends that provisional approval is granted. It recommends that 5 requirements be deemed unmet and 9 actions set.
13/11/2019	Event	The GOC Council agrees the recommendations offered by the EVP at the October 2019 visit and awards provisional approval to the programme.
19/11/2019	Change	<ul style="list-style-type: none"> <li>• The university notifies the GOC of its intention to postpone the programme start date until September 2020.</li> <li>• The university submits a request to increase the programme cohort to 24 students.</li> </ul>
06/05/2020	Change	The student increase request is agreed by the GOC executive. The programme now has GOC approval for 24 students.
20/07/2020	Event	<p>The programme is made subject to a serious concerns review (in line with the Effective Conditions Management process<sup>1</sup>). Areas of concern are:</p> <ul style="list-style-type: none"> <li>• staffing</li> <li>• facilities/equipment resource</li> <li>• teaching delivery including the changes made as a result of the emergency</li> <li>• placements</li> </ul>

<sup>1</sup> [https://www.optical.org/en/Education/Approving\\_courses/index.cfm](https://www.optical.org/en/Education/Approving_courses/index.cfm)

		<ul style="list-style-type: none"> <li>• course content/materials</li> </ul>
22-23/07/2020	Visit	<p>A provisional approval quality assurance visit is conducted. The EVP recommends to the GOC executive that:</p> <ul style="list-style-type: none"> <li>• the programme is not sufficiently ready to start in September 2020</li> <li>• the programme remains subject to a SCR</li> <li>• <b>18</b> requirements are deemed as unmet</li> <li>• <b>15</b> actions are set</li> <li>• <b>3</b> recommendations are offered</li> </ul>
28/07/2020	Other	<p>The GOC executive reviews the EVP's findings and sets the following condition:</p> <p>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>

<b>1.6 Previous unmet requirements and actions</b>		
The unmet requirements and actions listed below are extracted from the report of the second approval revisit undertaken on 01 October 2019		
<b>Requirement number</b>	<b>Action</b>	<b>Status</b>
<b>OP2.1</b>	<p><b>Action 1</b> All equipment must be installed and operational and the University must provide video evidence of the completed, refurbished clinical teaching area. The submitted evidence must clearly show the equipment is in place, has been tested and is functioning and ready for use. If the evidence submitted does not provide sufficient assurance an additional visit may be required before the programme is permitted to commence</p>	<p><b>MET*</b></p> <p>This condition has now been superseded by <b>action 9</b> set at the July 2020 provisional approval quality assurance visit</p>
<b>OP2.2 &amp; OP2.9</b>	<p><b>Action 2</b> The University must ensure that the proposed 0.2 full time equivalent (FTE) GOC registered optometrist post is filled by 2 December 2019 and this individual is in post by 1 January 2020</p>	<p><b>MET*</b></p> <p>This condition has now been superseded by <b>actions 10 &amp; 11</b> set at the July 2020 provisional approval quality assurance visit</p>
	<p><b>Action 3</b> The University must ensure that a minimum staffing level of 2 full time or 2 FTE GOC registered optometrists is maintained while the remaining 2 full time or 2 FTE GOC registered optometrists are recruited</p>	<p><b>MET*</b></p> <p>This condition has now been superseded by <b>actions 10 &amp; 11</b> set at the July 2020 provisional approval quality assurance visit</p>

	<p><b>Action 4</b> The University must ensure that (as a minimum) the remaining 2 full time or 2 FTE GOC registered optometrists are in post</p>	<p><b>MET*</b></p> <p>This condition has now been superseded by <b>actions 10 &amp; 11</b> set at the July 2020 provisional approval quality assurance visit</p>
	<p><b>Action 5</b> The University must provide:</p> <ul style="list-style-type: none"> <li>• an update on the staffing levels</li> <li>• a detailed plan of the recruitment proposed to meet the staffing requirements of the first and second cohorts of the programme</li> <li>• a detailed plan of what action will be taken if posts are not recruited to in the times stated</li> </ul>	<p><b>UNMET**</b></p> <p>This condition has now been superseded by <b>actions 10 &amp; 11</b> set at the July 2020 provisional approval quality assurance visit</p>
<b>OP2.12</b>	<p><b>Action 6</b> The University must submit a comprehensive surrogate database that includes sufficient patient numbers and the details of the pathologies and refractive errors of all surrogates recruited</p>	<p><b>UNMET**</b></p> <p>This condition has now been superseded by <b>action 12</b> set at the July 2020 provisional approval quality assurance visit</p>
<b>OP5.3</b>	<p><b>Action 7</b> The University must appoint two suitably experienced and qualified external examiners dedicated to the optometry programme</p>	<p><b>MET*</b></p> <p>This condition has now been superseded by <b>recommendation 2</b> set at the July 2020 provisional approval quality assurance visit</p>
<b>OP5.11</b>	<p><b>Action 8</b> The University must provide signed contracts with all placement providers</p>	<p><b>MET</b></p>
<b>OP1</b>	<p><b>Action 9</b> The University must submit the completed course materials for year 1/semester 1 by 2 December 2019 and year 1/semester 2 by 3 April 2020</p>	<p><b>UNMET**</b></p> <p>This condition has now been superseded by <b>actions 2, 3 &amp; 4</b> set at the July 2020 provisional approval quality assurance visit</p>

\* The EVP deemed that the university had provided sufficient evidence to enable the action to be deemed met by the point of the July 2020 provisional approval quality assurance visit, but that further action is needed in relation to the requirement as the programme develops.

\*\* The EVP deemed that the university had provided insufficient evidence to enable the action to be deemed met by the point of the July 2020 provisional approval quality assurance visit. Further action is needed as the programme develops to enable the requirement to be met.

## PART 2 – VISIT SUMMARY

<b>2.1 Visit outcomes &amp; summary of EVP recommendations to the GOC</b>	
<b>New requirements</b>	<ul style="list-style-type: none"> <li>• <b>18</b> requirements are identified as deficient/unmet</li> <li>• <b>15</b> actions are set</li> <li>• <b>3</b> recommendations are offered</li> </ul>
<b>Student numbers</b>	<ul style="list-style-type: none"> <li>• There are no cohorts in place at present</li> <li>• The university has GOC approval for 24 students</li> </ul>
<b>Proposed start date</b>	September 2021
<b>Next visit</b>	April 2021
<b>Factors to consider when scheduling next visit e.g. when students are in, hospital, audit etc.</b>	N/A

<b>2.2 Outcomes of 22 &amp; 23 July 2020 provisional approval quality assurance visit</b>	
For further information on the issues considered, and the recommendations offered, during the visit see the following sections of the report	
<b>Visit issue</b>	<b>Section of report</b>
Review of the programme against the requirements, as listed in the GOC's Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry 2015 and the GOC Education A&QA-Supplementary Document-List of Requirements	Whole report
Status of the outstanding conditions (unmet requirements) and actions set at the provisional approval revisit in 2019	1.6
Evidence submitted in support of the changes made to the programme as a result of the COVID-19 emergency	4.1
Whether the programme should remain subject to a serious concerns review (SCR)	4.2
The programme's readiness to start in September 2020	4.3

## PART 3 – CONDITIONS, RECOMMENDATIONS & COMMENDATIONS

<b>3.1 Conditions set at the visit</b>	
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.	
<b>A3.1</b>	Providers must have a robust recognition/accreditation of prior learning (RPL/APL) policy and associated procedures in place, which are quality assured and align with GOC policy
<b>Action 1</b>	A policy/statement detailing how the university's APL policy will be applied to the optometry programme must be submitted.
<b>Date due</b>	Evidence to be submitted as part of the pre-visit documentation required for the April 2021 provisional approval quality assurance visit.
<b>Rationale</b>	<p>The EVP was provided with a thorough explanation of the university's APL processes; applicants are required to map and evidence their previous learning against the learning outcomes of the programme, with applications reviewed and authorised at both school and university level.</p> <p>Whilst the university was able to demonstrate that it had a robust APL policy in place centrally, it was unclear how it would be applied to the programme specifically. The EVP acknowledged that a blanket APL policy would not be possible due to variations in individual student applications, however the documents provided lacked details of how the process will ensure that the GOC's requirements and standards are maintained, how issues and risks specific to the accreditation of previous optical qualifications are identified and how the policy could be commonly applied to applicants with common backgrounds (e.g. fully qualified dispensing opticians).</p> <p>During the visit, the EVP was informed that many of the applicants offered places on the programme hold optical and science qualifications and therefore deemed this requirement to be important. Lack of clarity around how the policy will be applied to optometry meant that prospective students would not know how this might be applied to them should they apply to the programme.</p> <p>The EVP was informed that dispensing core competencies can be made subject to APL, but third year core competencies cannot. The EVP emphasised the need for students to be made aware of the APL process and policy – including what can and cannot be made subject to the APL processes and the support they will have available to them. The university must make it clear how the university adheres to the GOC APL guidelines with regards to considering APL for GOC core competencies. Students should be provided with this information prior to starting the programme.</p>



<b>OP1</b>	The route to registration must offer a quality learning experience to the student that enables achievement of all required GOC core competencies through a variety of teaching and learning methods.
<b>&amp; OP1.2</b>	& 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.
<b>&amp; OP4.1</b>	& A range of assessment methods must be used that are appropriate to the stated learning outcomes and core competencies being assessed.
<b>&amp; OP4.3</b>	& Competency-based assessments must be carried out at appropriate stages in the students' education and training.
<b>&amp; OP6.3</b>	& The route to registration must demonstrate precisely where each element of competence is taught and assessed through the demonstration of the specified performance criteria and indicators
<b>&amp; OP6.6</b>	& 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.
<b>&amp; OP7.1</b>	& Students must only receive a GOC-approved award if they have obtained sufficient academic credits, completed the required amount and type of patient experience, achieved all the GOC Core Competencies, been awarded a 2.2 classification or higher and have maintained their GOC registration for the duration of their studies.
<b>Action 2</b>	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.
<b>Due date</b>	Evidence to be submitted as part of the pre-visit documentation required for the April 2021 provisional approval quality assurance visit.
<b>Action 3</b>	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.
<b>Due date</b>	1 November 2021
<b>Action 4</b>	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.
<b>Date due</b>	Evidence to be submitted as part of the pre-visit documentation required for the April 2021 provisional approval quality assurance visit.
<b>Action 5</b>	The programme documentation must explicitly identify where, how and by whom core competency-based assessments are to be carried out.
<b>Date due</b>	Evidence to be submitted as part of the pre-visit documentation required for the April 2021 provisional approval quality assurance visit.
<b>Action 6</b>	Documentation submitted must evidence that the assessment method is suitable for the learning outcomes being assessed.

<b>Date due</b>	Evidence to be submitted as part of the pre-visit documentation required for the April 2021 provisional approval quality assurance visit.
<b>Action 7</b>	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.
<b>Date due</b>	Evidence to be submitted as part of the pre-visit documentation required for the April 2021 provisional approval quality assurance visit.
<b>Rationale</b>	<p>The EVP found insufficient assurance that several requirements in related areas were met. Due to their similarity these have been grouped together. A rationale for each area is given below:</p> <p><b>Route to Registration – clarity of the route</b>  The EVP was not presented with information (either within the pre-visit documentation or during the visit) that clearly identifies the route to registration within the programme. This included a lack of clarity on the programme structure, content and learning outcomes and where core competencies and patient episodes will be assessed and achieved. Proposals articulated during the visit did not correspond to the pre-visit documentation and discussions with the programme team indicated definitive decisions on these matters had not yet been made.</p> <p><b>Route to Registration – preparedness of content and materials</b>  During the visit, the EVP was given a tour of university's virtual learning environment (VLE). However, the EVP was not able to view complete programme materials as the university explained that the information is not required to be uploaded onto the VLE until a month before the programme's start date.</p> <p>The EVP reviewed materials submitted as supporting evidence of action 9 set at the approval visit in October 2019 however during the visit it was not clear whether these materials had been subject to changes or have been finalised. No further evidence was submitted in the pre-visit documentation or during the visit that provided assurance that the programme materials were ready to be delivered. The EVP had concerns about the quality and consistency, and therefore the readiness, of the programme materials for delivery.</p> <p>The EVP acknowledges the effect that staffing changes within the programme team and school may have had on the programme materials completion and readiness.</p> <p><b>Assessments</b>  Conversations held with the programme team and the external examiners contributed to concerns regarding some of the programme's teaching materials and assessment methods. For example, the EVP queried the rigour of a year one, 20 credit module assessment. The programme team acknowledged the concerns and stated that they too had identified it as an area for future development but that it had been subject to internal design and quality assurance processes and, in its current state, was deemed adequate to meet and assess the learning outcomes of the module. The EVP expressed concern that, despite the assessment having been subject to the internal quality assurance process, it had been deemed sufficient and been signed off. The EVP was not assured that the one-hour multiple choice assessment format would sufficiently assess the stated</p>

learning outcomes of the module. This concern was reinforced by an external examiner. The EVP noted it is more usual practice for a module of this credit weighting to be assessed with a two-hour examination.

The EVP was also concerned as to whether other assessments sufficiently assessed the intended learning outcomes of the modules. It was not clear that all the learning outcomes were sufficiently assessed by the proposed assessment methods. In addition, some of the coursework elements, for example, the logbooks, did not feature in the assessment for the module and it was not clear how these would be used to assess the learning outcomes.

The EVP was not assured that the programme's assessment methods were rigorous enough and requested that all assessments be formally reviewed to ensure they meet the GOC's standards and requirements and appropriate learning outcomes.

### **Core Competencies**

The EVP expressed concern about the lack of clarity as to when core competencies will be assessed and signed off within the student journey. There were discrepancies between what was stated in the pre-visit documentation and what was stated during the visit. The pre-visit documentation stated that the majority of the core competencies would be assessed and signed off in the third year of the programme with some dispensing competencies signed off in year two. During the visit, the programme team said that all core competencies would be signed off in the third year, however there appeared to be a lack of consensus within the team around whether there would be some exceptions to this, for example, some dispensing competencies being signed off in year two. The discussion around the core competencies highlighted a confusion as to when and how core competencies are signed off. The EVP was informed that some core competencies may be completed in year two and then repeated in year three as part of the programme's verification or 'final check' process. The EVP questioned what would happen if a student was to pass a core competency in year two but fail the same competency in year three but was presented with an inconsistent explanation of what will happen in this event and no explanation of the implication for students, for example, the possible impact on their starting the Scheme for Registration. This lack of clarity, combined with the fact that the programme team itself appeared unclear regarding the detail, made it difficult to assess whether the GOC's requirements had been met.

The EVP noted that information provided in the pre-visit documentation and the verbal explanations given by the programme team did not always align and highlighted some discrepancies relating to the teaching materials and assessment methods (as outlined in the paragraph above). Whilst the programme team acknowledged that they had internally identified a number of areas they would wish to make changes to, they explained that at this stage they were not intending to make any changes and that what was submitted in the documentation was the final product. The programme team sought to assure the EVP that the information within the pre-visit documentation, programme materials, learning outcomes and assessment methods had been subject to the school and university's governance, approval and quality

	<p>assurance processes and, in their view, was sufficient to meet the GOC standards and requirements; explaining that information presented verbally was intended as a clarification of information submitted or related to future development of the programme.</p> <p>The EVP found that a consistent lack of clarity, the perceived disjointed approach of the programme team and the numerous areas of improvement identified gave no assurance that these requirements were met. Whilst a robust internal quality assurance process provided a degree of assurance, the EVP noted that it was not contextualised (to the needs of optometry) enough to be effective in quality assuring optometry assessments. The EVP considered these requirements to be critical to the start of a new programme and deemed the lack of assurance in these areas a significant contributing factor in the final recommendation that the programme is not ready to start in September 2020.</p>
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<b>OP1.6</b>	Students must have access to opportunities for multi-disciplinary learning and to understand their role within the wider healthcare team.
<b>Action 8</b>	A structured plan must be submitted that clearly sets out a programme of multi-disciplinary learning opportunities across the whole programme.
<b>Date due</b>	Evidence to be submitted as part of the pre-visit documentation required for the April 2021 provisional approval quality assurance visit.
<b>Rationale</b>	<p>The programme team informed the EVP of the current multi-disciplinary learning occurring within the programme's content and acknowledged that this is an area in which the programme requires substantial development.</p> <p>The programme team explained that, at both department and school level, a new strategy for embedding multi-disciplinary learning has been identified as a result of recent changes to the structure of the school, consequently, the programme is well placed to benefit from learning and resources from allied health professions including nursing, dentistry and occupational therapy.</p> <p>The EVP acknowledged the multi-disciplinary learning that occurs at present including the delivery of some lectures by allied healthcare professionals and an activity in induction week but found these to be insufficient. It welcomed the aspirations expressed by the programme team in this regard but considers that further evidence is needed to demonstrate specific plans to implement multi-disciplinary learning throughout the programme.</p>

<b>OP2.1</b>	Appropriate and fit for purpose accommodation, clinic facilities and clinic equipment in academic and practice settings must be provided.
<b>Action 9</b>	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.
<b>Date due</b>	Evidence to be submitted as part of the pre-visit documentation required for the April 2021 provisional approval quality assurance visit.
<b>Rationale</b>	Previous GOC quality assurance visits confirmed the onsite optometry suite (OOS) has been completed. Due to the emergency the EVP was unable to view the OOS on this occasion but was provided with video and photographic evidence of the space and equipment that has been installed since the last visit. The programme team informed the EVP that all equipment required for

	<p>year one has been purchased and installed. The EVP noted that the space and equipment is sufficient for the current GOC approved intake number of 24 students. The EVP found it difficult to assess whether the space and equipment would be sufficient for multiple cohorts because of a lack of detail around the future use and development of the programme and the OOS.</p> <p>The programme team informed the EVP that an application had been submitted to develop the OOS into a public facing General Ophthalmic Services (GOS) clinic as a way of expanding the patient base. The school has experience of developing and operating clinics for the allied health professions, for example, dental and sports injury clinics. The intention is for the GOS clinic to be fully operating by semester one of year two.</p> <p>The programme team explained the OOS will primarily be used for clinical teaching with the needs of the GOS timetabled around the programme's teaching requirements. Once the GOS is fully developed another, specific clinical teaching space will be developed for the programme, although at present there is no further information available about this and it appears that no funding has been allocated or alternative space confirmed.</p> <p>The EVP found that there was a lack of clarity regarding the staffing requirements and development of the GOS clinic and was concerned that the needs of the GOS clinic would supplant the teaching and learning needs of the students. The EVP requires further information about how the teaching and learning needs of the students will be met, how the clinical space will be utilised for the approved students numbers, how this will meet the priorities of a public facing clinic and how the GOS clinic will be resourced before it can assure itself that this requirement is met, for example, confirming if additional staff will be appointed or if existing academic staff will be expected to provide both services and the clinical supervision of students.</p>
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<b>OP2.2</b> <b>&amp;</b> <b>OP2.4</b> <b>&amp;</b> <b>OP2.5</b> <b>&amp;</b> <b>OP2.6</b> <b>&amp;</b> <b>OP2.9</b>	<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>&amp;</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>&amp;</p> <p>The balance of full time, part time, hourly paid, technical and administrative staff must be supported by a clear rationale.</p> <p>&amp;</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>&amp;</p> <p>There must be a minimum of four full time GOC-registered optometrists in post to include the leadership post.</p>
<b>Action 10</b>	A comprehensive staffing plan (including teaching, support and clinic staff) for the development of the programme must be submitted
<b>Date due</b>	Evidence to be submitted as part of the pre-visit documentation required for the April 2021 provisional approval quality assurance visit.

<b>Action 11</b>	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
<b>Date due</b>	1 August 2022
<b>Rationale</b>	<p>The programme team outlined the current and projected staffing for year one of the programme. The EVP acknowledged the efforts made by the programme team to meet the requirement for 4 FTE GOC-registered optometrists; there are currently 3.5 FTE GOC-registered optometrists in post.</p> <p>The EVP was informed that the substantive programme lead is currently on extended leave. The EVP was concerned about the impact and risks this could pose to the programme, especially as it is yet to start. The programme team explained the intention is to employ a further 1 FTE GOC-registered optometrist for semester one; this is subject to the outcome of the decision regarding the programme's readiness to start in September 2020.</p> <p>The programme team explained that an additional 1 FTE GOC-registered optometrist will be employed each year in the second and third years of the programme.</p> <p>The EVP required further assurance about the staffing for the proposed GOS clinic and staffing across the programme's development.</p> <p>The university is required to have 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. The GOC notes that the university could be permitted to start the programme with the current 3.5 FTE GOC registered optometrists in place.</p> <p>The university must ensure the action is completed by the deadline specified so the GOC can be assured the requirement is met in time for the proposed start date of the second cohort (September 2022). Failure to do so would pose a serious risk to the quality of the programme and is likely to require urgent rectification or GOC action.</p>

<b>OP2.12</b>	The provider must ensure that the patient base is relative to the student cohort size and is of a sufficient volume and range to deliver the required level of experience as specified in the GOC core competencies and patient experience requirements.
<b>Action 12</b>	Evidence must be submitted detailing how the patient base will be composed (for example, from surrogates and/or patients from the GOS clinic).
<b>Date due</b>	Evidence to be submitted as part of the pre-visit documentation required for the April 2021 provisional approval quality assurance visit.
<b>Rationale</b>	<p>The programme team informed the EVP that all patient episodes will be signed off in year three of the programme.</p> <p>The programme team explained the development of a GOS clinic is intended as a method of increasing the number and variety of patients that students have access to and to enhance their routine skills.</p> <p>The programme team explained that work on developing the surrogate database ceased as a result of the emergency, but this has recently resumed.</p>

	<p>The database will continue to be expanded alongside the attempts to develop a GOS as a way of obtaining and maintaining access to the required pathologies. The EVP was satisfied that efforts to create an initial database were underway but required further clarity on the continued development in order to ensure that the patient base will be appropriate for the GOC's requirements.</p> <p>The EVP found a lack of clarity as to whether patient episodes will be achieved while students are in placement or in the OOS/GOS clinic and whether previously articulated plans to use surrogate patients will still be implemented or whether real patients visiting the GOS will be used.</p>
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<b>OP3.1</b>	The provider must ensure that students comply with the GOC Standards for Students.
<b>Action 13</b>	Evidence must be submitted that the importance of compliance with the GOC standards is highlighted within all student facing documentation.
<b>Date due</b>	Evidence to be submitted as part of the pre-visit documentation required for the April 2021 provisional approval quality assurance visit.
<b>Rationale</b>	The EVP found the student handbook insufficiently explains the GOC standards and the need for compliance with them. Despite further information being presented verbally during the visit the EVP was unable to identify the how the university would ensure that students comply with the standards. The EVP suggests this requirement needs to be reinforced regularly throughout the student journey.

<b>OP3.6</b>	The provider must ensure that supervisors receive comprehensive guidance and training to ensure they fully understand their responsibilities and obligations.
<b>Action 14</b>	Refresher training must be provided to all the practice placement mentors prior to students commencing placements.
<b>Date due</b>	Evidence to be submitted as part of the pre-visit documentation required for the April 2021 provisional approval quality assurance visit.
<b>Rationale</b>	<p>The EVP was informed that practice audits were completed on, and training delivered to, the placement providers and mentors by December 2019. The programme team informed the EVP of its intention to deliver refresher training to the placement mentors due to the amount of time that will have passed before students start placements.</p> <p>The EVP set this action to reflect this intention as it agreed with the need to ensure the mentors are reacquainted with the university's and GOC standards, requirements and expectations, especially in light of changes made to the programme as a result of the emergency.</p>

<b>3.2 Conditions set after the visit</b>	
<b>Action 15</b>	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.
<b>Due date</b>	This action will be reviewed at the provisional approval quality assurance visit in April 2021.
<b>Rationale</b>	The evidence made available prior to, and during, the visit (pre-visit documentation submitted by the university and the conversations held during

(see section 4.3 for further information):	<p>the visit) did not sufficiently assure the EVP that the programme was ready for a September 2020 intake. The EVP considered a number of factors which contributed to their recommendation and reviewed the overall readiness of the programme, what further work was required, and the time needed for this work to be implemented, as well as the quality and clarity of the documentation.</p> <p>At this late stage, the EVP deemed that there was insufficient time for its concerns to be adequately addressed prior to a September 2020 intake.</p> <p>These factors coupled with the number of unmet requirements, several of which would be critical for an intake due in two months, pose too high a risk for the provider, the GOC and prospective students.</p> <p>Based on their findings, the EVP recommended that a condition should be set to ensure that no cohort begins until such time that the requirements are met, and the concerns are sufficiently alleviated.</p> <p>These recommendations were considered, and agreed, by the GOC executive on 28 July 2020.</p>
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<b>3.3 Recommendations offered at the visit</b> The EVP offers the following recommendations to the provider. Recommendations indicate enhancements that can be made to a programme that are not directly linked to compliance with GOC requirements	
<b>A6.2</b>  <b>&amp;</b>  <b>A6.4</b>	<p>Providers must provide sufficient information to the GOC, as requested, and in a timely manner.</p> <p>&amp;</p> <p>Providers must notify the GOC, as soon as practicable, of any planned or actual changes or events likely to influence the quality of the programme leading to the qualification and/or its delivery, in line with GOC notifications requirements.</p>
<b>Recommendation 1</b>	<p>The EVP 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, and the EVP considers that this increased engagement is essential for the timely communication of changes.</p>
<b>OP5.3</b>	<p>At least two external examiners must be appointed who are suitably experienced and qualified (at least one must be optometrically qualified).</p>



<b>Recommendation 2</b>	<p>The EVP was informed that two external examiners have been appointed; one as an award and module examiner and the other as a module examiner. The EVP 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 EVP noted the less experienced external examiner 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.</p>
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<b>OP5.10</b>	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.
<b>Recommendation 3</b>	A risk assessment tool used in the auditing of practice placements was submitted as part of the pre-visit documentation. The EVP 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.

<b>3.4 Unable to assess requirements</b> As a result of the emergency and/or the stage of the programme the EVP 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.
OP1.9	Staff must have the capacity to respond to student enquiries, provide feedback and support in a timely manner.
OP3.4	Supervisors must be provided with and apply agreed criteria when determining whether an episode is safe.
OP3.9	Students must be clearly informed of their individual rights and responsibilities in the clinic environment.
OP4.4	Those responsible for the assessment and signing off of core competencies must be suitably qualified and have the appropriate skills, experience and training required to undertake assessment (outlined in Appendix I).
OP4.7	The provider must have an effective and accurate student information system to track and record the achievement of all required core competencies and patient episodes for each individual student.
OP5.8	The outcomes of GOC visits must inform internal reviews and programme improvement plans.
OP6.1	The provider must have an effective system in place to ensure each student has access to a sufficient range and number of patients under each category of experience.
OP6.2	If difficulty occurs in enabling the student to achieve the required patient experience, the provider must notify the GOC of the proposed alternative learning experience offered to the student to fulfil the requirements.

OP6.5	A competence must only be signed off as a result of the required behaviours (performance criteria and indicators) having been demonstrated.
OP6.7	Students must demonstrate that they have achieved a Certificate of Clinical Competence at Stage 1 in order to begin their external supervised pre-registration placement.
OP6.8	Students must have been taught and assessed as competent against each of the Stage 1 GOC Core Competencies.
OP6.9	Students must acquire the minimum amount of real patient experience with each patient group as per the competencies and patient experience requirements.
OP6.10	Students must hold certified portfolios containing a record of both their patient experience and achievement of all core competency elements.
OP6.11	The portfolio must include evidence of how and when each individual element of competence was achieved by the individual student.
OP6.12	The portfolio must contain a case record for each individual patient episode contributing to the minimum requirements.
OP6.14	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

4.1 COVID-19 emergency changes	
<b>Recommendations &amp; Outcomes</b>	<p>The EVP requests that:</p> <ul style="list-style-type: none"> <li>• all changes made to the programme as a result of the emergency adhere to the GOC's standards and requirements</li> <li>• the programme team continues to adhere to requirements A6.2 &amp; A6.4 outlined in recommendation 1 (see section 3.3 for further information)</li> </ul>
<b>Rationale</b>	<p>The EVP acknowledged the impact of the emergency on the structure and delivery of the programme. In making its recommendations the EVP considered:</p> <ul style="list-style-type: none"> <li>• the evidence submitted to the GOC in June 2020 detailing the changes made to the programme as a result of the emergency,</li> <li>• the pre-visit documentation, and</li> <li>• conversations held during the provisional approval quality assurance visit on 22 &amp; 23 July 2020.</li> </ul> <p>The EVP was informed of changes that have been made to the programme as a result of the emergency, for example, the June 2020 change notification indicated that all clinical teaching would be postponed until semester two, however during the visit the EVP was informed that, after a consideration of the teaching and learning needs of students, the decision had been made to deliver some clinical teaching in semester one as originally planned.</p> <p>The EVP was informed the university has implemented a hybrid model of teaching delivery that stipulates students receive at least forty-eight hours of face-to-face teaching each semester. The programme is currently being reviewed to identify the changes that are necessary to accommodate this requirement while adhering to government guidelines regarding social distancing and personal protective equipment (PPE).</p> <p>The programme team stated plans are regularly reviewed in response to government information and guidance on the emergency. Each module is being reviewed to ensure it complies with university regulations and required learning outcomes at all times regardless of necessary amendments. These changes are subject to the university's quality assurance mechanisms.</p> <p>The changes to the programme as a result of the emergency were still being reviewed and discussed so the EVP was unable to see a finalised version of the content, structure and delivery of the programme.</p> <p>The EVP was informed that emergency contingency plans are in place, for example, staff have access to a repository of online teaching and materials. Consideration has also been given to the additional support staff may need to deliver teaching online, e.g. the</p>

	<p>programme team has access to a principal lecturer who specialises in online teaching delivery and additional training has been provided.</p> <p>As a result of the emergency experiential learning placements originally scheduled for semester one have been postponed until semester two/January 2021. The EVP spoke with a selection of placement providers who were aware of the postponement and provided assurance that they continue to be able to provide placements. The EVP was informed that the programme team will be repeating practice audits and risk assessments, undertaken before the emergency, to ensure that risks presented by the emergency are considered and mitigated.</p> <p>The EVP was informed that the programme's external examiners have been informed of, and commented on, the changes made to the programme as a result of the emergency.</p>
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4.2 Serious case review	
<b>Recommendations &amp; Outcomes</b>	The EVP recommends that the programme <b>remains subject to a serious case review.</b>
<b>Rationale</b>	<p>In making this recommendation the EVP considered:</p> <ul style="list-style-type: none"> <li>• the pre-visit documentation</li> <li>• conversations held during the provisional approval quality assurance visit on 22 &amp; 23 July 2020</li> <li>• the evidence submitted to the GOC in June 2020 detailing the changes made to the programme as a result of the emergency</li> <li>• the outcome of the outstanding conditions set at the 2019 approval quality assurance visit</li> </ul> <p>Although considered in conjunction with the issues outlined above and in section 1.4 this recommendation was not contingent on other recommendations.</p> <p>The EVP identified that risks remain in the following areas:</p> <ul style="list-style-type: none"> <li>• staffing</li> <li>• facilities/equipment resource</li> <li>• teaching delivery</li> <li>• the COVID-19 emergency</li> <li>• placements</li> <li>• programme content/materials</li> <li>• assessments</li> <li>• the number, and subject areas, of the critical and non-critical unmet requirements and actions</li> <li>• inconsistencies between the pre-visit documentation and the information provided during the visit</li> <li>• Requirement OP5.10 (see recommendation 3, section 3.3 for further information)</li> </ul>

	Consequently, the EVP considered that the risks presented by the programme are such that the programme remains subject to a SCR. The programme remaining subject to a SCR will enable the GOC to maintain closer scrutiny of the programme's progress against the GOC's standards and requirements and increased communication between the programme team and the GOC.
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4.3 Readiness of the programme to start in September 2020	
<b>Recommendations &amp; Outcomes</b>	The EVP recommends that the programme <b>is not sufficiently ready</b> to start in September 2020.
<b>Rationale</b>	<p>In making its recommendation on the programme's readiness to start in September 2020 the EVP considered:</p> <ul style="list-style-type: none"> <li>• the pre-visit documentation</li> <li>• conversations held during the provisional approval quality assurance visit on 22 &amp; 23 July 2020</li> <li>• the evidence submitted to the GOC in June 2020 detailing the changes made to the programme as a result of the emergency</li> <li>• the outcome of the outstanding conditions set at the 2019 approval quality assurance visit</li> </ul> <p>The EVP found that the number of critical and non-critical unmet requirements and actions, the challenges presented by the emergency, and the insufficient time left for adequate changes to be implemented to ensure all applicable requirements are met indicate that the programme is not ready to start in September 2020.</p> <p>Critical unmet requirements/actions (conditions) are those the EVP deemed essential for the programme to have met prior to students commencing. Non-critical unmet requirements and actions are those the EVP deemed essential for the programme but that did not need to be met prior to students commencing.</p> <p>The EVP considered whether a September 2020 start could be recommended contingent on the programme meeting the critical unmet requirements prior to the programme's commencement. However, on considering the programme holistically, the EVP was unable to recommend this approach due to the limited time remaining, and due to the need for prospective students to be notified of a concrete decision as soon as possible.</p>