

Anglia Ruskin University
GOC FULL APPROVAL QUALITY ASSURANCE VISIT
BOptom (Hons)
30 November and 1 December 2022

Report confirmed by GOC	05/04/2023
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PART 1 – VISIT DETAILS

1.2 Programme details	
Programme title	BOptom (Hons)
Programme description	<ul style="list-style-type: none"> • Full time. • Three years. • On campus lectures, clinical and lab sessions, practical demonstrations, community work experience and a pre-registration clinical placement before registration as a fully qualified optometrist.
Current approval status	Fully approved (FA)
Approved student numbers	66 students per cohort.

1.3 GOC Education Visitor Panel (EVP)	
Chair	<ul style="list-style-type: none"> • Vincent McKay, Lay Chair.
Visitors	<ul style="list-style-type: none"> • Graeme Stevenson, Dispensing Optician and Contact Lens Optician. • Andy Husband, Lay Member. • Brendan Barrett, Optometrist. • Preeti Kaur Bhogal-Bhamra, Optometrist, and Independent Prescribing 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 quality assurance visit (remote, Microsoft Teams) was to:</p> <ol style="list-style-type: none"> 1. Review Anglia Ruskin University's BSc (Hons) Optometry programme (the 'programme') to ensure it meets the requirements as listed in the GOC's <i>Optometry Handbook 2011</i> (the 'handbook') and the <i>GOC Education A&QA-Supplementary Documents-List of Requirements</i> (Optometry Specific Requirements). 2. Consider whether the programme sufficiently meets the GOC's requirements for it to be granted continued full approval. 	

1.5 Programme history		
Date	Event type	Overview

05/12/2017	Visit	Two-day GOC full quality assurance visit. The Panel recommended that full approval of the programme should continue, setting no conditions and providing four recommendations.
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PART 2 – VISIT SUMMARY

2.1 Visit outcomes	
The Panel recommended that the full approval of ARU's BSc (Hons) Optometry programme should be continued. The Panel set four conditions, provided five recommendations, and offered two commendations to the programme.	
Summary of recommendations to the GOC	
Previous conditions.	No previous conditions.
New conditions	<p>The Panel recommends that:</p> <ul style="list-style-type: none"> • Four requirements are deemed as UNMET. • Four new conditions are set. <p>Details regarding the conditions are set out in Part 3.</p>
New recommendations	<p>The Panel recommends that:</p> <ul style="list-style-type: none"> • Five recommendations are offered. <p>Details regarding the recommendations are set out in Part 3.</p>
Commendations	<p>The Panel offers two commendations.</p> <p>Details regarding the commendations are set out in Part 3.</p>
Actual student numbers	<p>2021/22</p> <p>Year 1 – 68</p> <p>Year 2 – 66</p> <p>Year 3 – 57</p> <p>2022/23</p> <p>Year 1 – 60</p> <p>Year 2 – 65</p> <p>Year 3 – 57</p>
Approval/next visit	By November 2023.
Factors to consider when scheduling next visit e.g., when students are in, hospital, audit etc.	<ul style="list-style-type: none"> • A sample of clinical portfolios should be submitted to the GOC for its review by the end of the next academic year (date to be confirmed by ARU at the next visit).

2.2 No previous conditions were set at the last visit on 5 and 6 December 2017.

2.3 Previous recommendations

The recommendations listed below are extracted from the report of 5 and 6 December 2017.

Description	Comments
1. Add details to the student handbook of the range of exit awards available to students who do not complete the three-year honours programme or achieve a minimum of a 2:2 BOptom.	The Panel did not identify any issues of concern regarding this recommendation at this visit.
2. To ensure that adequate arrangements are in place to maintain appropriate staffing levels whilst the present programme lead is seconded to a faculty role and the current vacancy filled.	The Panel did not identify any issues of concern regarding this recommendation at this visit.
3. Modify the student logbooks to more accurately reflect the complete student experience as expressed on page 7 of the 'University Eye Clinic Handbook' to record all of their patient contacts including unsafe clinical episodes.	The Panel did not identify any issues of concern regarding this recommendation at this visit.
4. To enhance student learning it is recommended that a full record of all attempts at gaining GOC Core Competencies is maintained.	The Panel did not identify any issues of concern regarding this recommendation at this visit.

2.4 Non-applicable requirements

The Panel recommends that some requirements be deemed fully 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):

- 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 Conditions set at this visit

The unmet requirement for this visit are set out below along with the condition that is required to meet the requirement.

GOC Requirement number: OP1.4	The route to registration must enable the student to develop the ability to exercise professional judgement through critical thinking, evidenced-based practice and reflection.
Condition 1	To ensure that the reflection content for students within their portfolios is strengthened in volume and nature.
Date due	1 May 2023
Rationale	<p>Based on the pre-visit documentation that was provided to the GOC and subsequently reviewed by the panel, the panel noted that reflections were weak within a number of the portfolios that were provided. This was discussed at the assessment and progression, and professional requirements meeting during the visit where the panel were advised that ARU had started to teach students about the importance of reflections in Year One of the programme and what should be covered within a reflection. The panel welcomed that ARU had separated patient summaries from reflections and envisioned that this change could enable the reflections to become more robust.</p> <p>The panel advised ARU in the closing meeting of the visit that this condition was required to facilitate the production and implementation of a plan to ensure that the reflection content for students within the Optometry programme is strengthened in volume and nature, and to also assist critical thinking and evidenced-based practice. The panel also advised ARU that the panel would subsequently review a sample of portfolios by the end of the next academic year.</p>

GOC Requirement number: OP2.10	An effective monitoring system must be in place to check the quality and management of resources and their capacity to ensure that standards are maintained.
Condition 2	To develop and implement a robust system to monitor both the quality and management of programme resources.
Date due	1 May 2023
Rationale	<p>During the facilities and resources meeting and the experiential and practical learning meeting, the Panel heard from ARU that the monitoring and replacement of resources and equipment was undertaken on a reactive rather than proactive basis. Furthermore, during the meeting with students the Panel heard that some of the trial frames used in the Eye Clinic are not fit for purpose and that better funding would improve the equipment available, particularly with upcoming OSCEs.</p> <p>The Panel advised ARU in the closing meeting of the visit that this condition is required to ensure that there is an effective and robust system in place to manage the quality and management of resources and their capacity to assure that standards are maintained.</p>

GOC Requirement number: OP5.4	The external examiners' remit must include all the professional requirements of the programme including any clinical portfolios.
Condition 3	To ensure that the external examiners are provided with clinical portfolios for their review in a systematic and pro-active manner.
Date due	30 June 2023
Rationale	<p>During a meeting at the visit with the external examiners to the programme, the Panel heard that, to date, they had not been provided with the opportunity to review the clinical portfolios for the programme. Furthermore, during the assessment and progression meeting, the Panel heard from the programme lead who explained that whilst patient episodes and competencies were presented to the External Examiners, individual portfolios were not provided to them.</p> <p>The Panel advised ARU in the closing meeting of the visit that this condition is required to ensure that, as part of their remit, External Examiners are pro-actively and systematically provided with clinical portfolios for their review.</p>

GOC Requirement number: OP6.3	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.
Condition 4	To ensure that the Optometry programme's mapping document accurately reflects where competencies are assessed.

Date due	1 May 2023.
Rationale	<p>Based on the pre-visit documentation that was provided to the GOC and subsequently reviewed by the panel, the panel noted that the Optometry programme's mapping document did not appear to detail where the competencies are assessed. During the assessment and progression meeting at the visit, the panel heard from the Programme Lead that ARU's current competency tracking document system demonstrates where the relevant content is taught but does not indicate where it is assessed.</p> <p>The panel advised ARU in the closing meeting of the visit that this condition is required to ensure that the Optometry programme's mapping document is updated to accurately reflect where competencies are assessed through the demonstration of the specified performance criteria and indicators.</p>

3.2 Recommendations offered at this visit

The EVP offers the following recommendation to the provider.

OP1.6	Students must have access to opportunities for multi-disciplinary learning and to understand their role within the wider healthcare team.
Recommendation 1	To explore further opportunities for enhanced multi-disciplinary working, (e.g., nursing, etc.), when devising a new Optometry programme under the GOC's Education and Training requirements (ETR).
Rationale	<p>During a meeting with the programme team at the visit, the panel were informed by ARU that a new member of staff who had joined the team was dealing with the development of a new Optometry programme in alignment with the GOC's Education and Training requirements.</p> <p>The panel noted that whilst Optometry programme students currently work with orthoptists and an ophthalmologist, the panel considered that students could benefit from working with a wider range of healthcare professionals in other schools at ARU.</p>

OP4.7	The provider must have an effective and accurate student information system to track and record the achievement of all required core competencies and patient episodes for each individual student.
OP6.10	Students must hold certified portfolios containing a record of both their patient experience and achievement of all core competency elements.
Recommendation 2	To independently keep records of students' progress with core competencies without reliance on paper records.
Rationale	<p>During the experiential and practical learning meeting at the visit, the panel heard that there had been an occasion where a paper logbook was misplaced and it was deemed that the process to recoup this information could be unreliable and time consuming.</p> <p>The panel deemed that the implementation of a digital system to record and monitor student's progress with core competencies would</p>

	be more robust, secure, and transparent for external stakeholders to review.
OP5.1	The provider must have a clear framework for obtaining feedback on programme quality from a variety of sources including patients, students, staff, supervisors and employers.
Recommendation 3	To collate patient feedback on a consistent and regular basis.
Rationale	<p>Based on the pre-visit documentation that was provided to the GOC and subsequently reviewed by the panel, the panel had sight of minutes from a meeting with patients but noted that this appeared to be an isolated instance.</p> <p>The panel deemed that the consistent and regular collation of feedback from patients would assist in the obtaining of feedback on programme quality from a variety of internal and external stakeholders.</p>
OP5.6	The provider must have an effective mechanism to enable the monitoring and evaluation of assessments to ensure appropriate standards are maintained.
Recommendation 4	To provide external examiners with reasonable timeframes to consider the moderation of scripts/assessment papers, etc.
Rationale	<p>During a meeting with the external examiners at the visit, the panel heard that there had been occasions where draft assessment materials had been sent to them to review in tight timescales and short notice provided for them to return exam papers back to ARU.</p> <p>The panel deemed that providing the external examiners with adequate and feasible timescales to review assessment and marking materials would assist them in undertaking their roles in a more effective and robust manner.</p>
OP5.6	The provider must have an effective mechanism to enable the monitoring and evaluation of assessments to ensure appropriate standards are maintained.
OP5.7	The remit of the Examination and Award Boards must include the consideration of both academic and professional requirements.
Recommendation 5	To provide external examiners with full access to degree awards and classification data for the programme.
Rationale	<p>During a meeting with the external examiners, the EVP heard that they would find it beneficial to have access to the outcome and progress of attainment data as they currently have no oversight of how each level of the programme is performing or final programme awards.</p> <p>The panel deemed that the provision of full access to degree awards and classification data to the external examiners would provide them with increased oversight at each level of the programme and the degree classifications awarded.</p>

3.3 Commendations made at this visit

The Panel wishes to commend the following areas:

- Peer support within the Optometry programme team was evident.
- The learning opportunity provided to Optometry programme students by way of the Addenbrookes Hospital satellite within the Eye Clinic at ARU.