**Evidence Framework** (for approved Qualifications in Additional Supply, Supplementary Prescribing and/or Independent Prescribing)

**Guidance for providers of approved qualifications, Education Visitors, GOC education team and decision-makers**

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## About this document

This document should be read in conjunction with the education and training **Requirements for Approved Qualifications in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP)** (‘**Requirements**’) published January 2022 and associated documentation listed in the **Templates Library**.

The **Requirements** replaces ‘A Handbook for Optometry Specialist Registration in Therapeutic Prescribing’ (published in July 2008) and the ‘Competency Framework for Independent Prescribing’ (published in 2011), including the list of required core competences, the numerical requirements for trainees’ practical experiences, education policies and guidance contained within the handbooks, and our policies on supervision and recognition of prior learning (published separately).

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

* Providers of approved qualifications in Additional Supply, Supplementary Prescribing and/or Independent Prescribing (‘providers’) demonstrate (evidence) how each of the **Standards** are met, or are intended to be met, as part of the Quality Assurance and Enhancement Method (QA&EM).
* Education Visitors and GOC quality assurance officers when assessing and making a recommendation as to whether an approved qualification meets, or is likely to meet, each of the **Standards**.
* GOC education decision-makers in receiving a recommendation and making a decision as to whether an approved qualification meets, or is likely to meet, each of the **Standards**.

This document is intended as a guide only, and reference to, and meeting of, the GOC **Outcomes** are paramount.

## Introduction

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

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

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

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

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

**Qualification type and level**

In accordance with criterion S3.10 of the **Education and Training Requirements for GOC-Approved Qualifications for Specialist Entry to the GOC Register in Additional Supply, Supplementary Prescribing and/or Independent Prescribing Categories** the qualificationmust be:

* listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (FHEQ) and the Framework for Qualifications of Higher Education Institutions in Scotland (FQHEIS)), or be a qualification regulated by Ofqual, SQA or Qualifications Wales.
* [a] minimum Regulated Qualification Framework (RQF), FHEQ or Credit and Qualifications Framework Wales (CQFW) level,7 or Scottish Credit and Qualifications Framework (SCQF) / FQHEIS 11.

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

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

**Length of study**

For GOC approved qualifications there are no requirements for either a minimum or maximum length of study, minimum or maximum credit volume, or minimum guided learning hours. However, in accordance with criterion S3.12 to enable the development of trainees’ clinical, diagnostic, and prescribing skills to meet the **Outcomes for Approved Qualifications for Specialist Entry to the GOC Register (Additional Supply, Supplementary Supply, and Independent Prescribing)** (‘**Outcomes**’), the approved qualification must integrate learning and experience in practice (as a guide, approximately 90 hours).

When considering length of study, providers could draw comparison from other equivalent non-medical prescribing qualifications available in the UK.

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

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

Providers (such as HEIs) who offer, or intend to offer, an approved qualification listed on the FHEQ or FQHEIS must demonstrate through a detailed submission and appropriate supporting evidence that their qualification meets, or is likely to meet, the [Requirements](https://optical.org/en/publications/requirements-for-approved-qualifications-in-additional-supply-as-supplementary-prescribing-sp-and-or-independent-prescribing-ip/) in accordance with the QualityAssurance and Enhancement Method.

Providers offering, or intending to offer, an approved qualification listed on the FHEQ or FQHEIS are most likely to be a higher education institution (HEI) such as a university. A provider offering, or intending to offer, an approved qualification listed on the FHEQ or FQHEIS may also be an alternative provider with degree awarding powers, or less likely, a delivery organisation/institution with a contractual or franchise arrangement with an institution with degree awarding powers. It is expected that approved qualifications listed on the FHEQ or FQHEIS that are delivered by more than one degree awarding body follow the relevant advice issued by the QAA[[1]](#footnote-2).

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

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

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

**Awarding Organisation(s)**

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

Providers who offer, or intend to offer, an approved qualification regulated by Ofqual, SQA, CCEA or Qualifications Wales will be an Ofqual, SQA, CCEA or Qualifications Wales recognised Awarding Organisation (AO). AOs may be a range of different legal entities; some may be a private limited company, others a registered charity, chartered institution, or other form of incorporated legal entity. In accordance with criterion S4.2 a provider of the approved qualification must be legally incorporated (i.e., not be an unincorporated association) and provide assurance it has the authority and capability to award the approved qualification.

Some AOs approve third parties (known as ‘centres’) to undertake all or part of the delivery of a qualification on behalf of an AO (for more information please see, for example, the Ofqual Handbook: General Conditions of Recognition, Condition C2[[2]](#footnote-3)). We have provided more guidance on third party delivery in the next section.

AOs offering a GOC approved qualification regulated by Ofqual, SQA, CCEA or Qualifications Wales must demonstrate through a detailed submission and appropriate supporting evidence that the qualification, including third party delivery (if any), meets, or is likely to meet, the **Requirements.** Additionally, AOs must demonstrate the process by which they ensure AO approved third parties/ centres also meet the **Requirements** in full through the AO’s own quality control and assurance activities.

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

AOs may approve third parties (known as ‘centres’) to undertake part of the delivery of a qualification on behalf of an AO (for more information please see, for example, Ofqual Handbook: General Conditions of Recognition, Condition C2[[3]](#footnote-4)). Centres must meet the AO’s (and Ofqual, SQA, CCEA or Qualifications Wales) requirements to deliver, assess and quality control/assure the parts of the qualification it delivers on the AO’s behalf.

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

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

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

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

### Guidance for new qualification approval and continuing approval

Applications for new qualification approval (i.e., qualifications not currently approved or provisionally approved by the GOC) will be considered in accordance with the staged approach described in our **Quality Assurance and Enhancement Method**. Decisions on continuing approval will be informed by thematic, periodic, sample-based, and annual reviews of qualifications we approve. Where possible, the qualification should be validated by the providers governance system, such as its internal validation committee, prior to the GOC event.

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

The **Outcomes** describe the expected knowledge, skills, and behaviours an optometrist must have to be awarded an approved qualification for specialist entry to the GOC register in the AS, SP and/or IP categories. These **Outcomes** can be found in the **Requirements**. Please note, the categories and individual **Outcomes** are all of equal importance.

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

For ease of reference, the GOC **Outcomes** have been linked to the Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers. This is intended as a guide only, and reference to, and meeting of, the GOC **Outcomes** are paramount.

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

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

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

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

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

## Guidance on the use of Designated Prescribing Practitioners (DPPs)

A Designated Prescribing Practitioner (DPP) must be an individual who has legal prescribing rights in the UK and is registered/annotated as such with their own regulator. The DPP must have **oversight and accountability** for the safety and educational development of the optometrist in their learning in practice and be able to confirm to the provider that the optometrist is fit to become an independent prescriber through review of assessment and performance.

It is recognised that although the DPP must play a primary role in the supervision and subsequent confirmation of competencies, other appropriately experienced and qualified healthcare professionals may also play an active role in overseeing the optometrist to expand skills and behaviours. However, in such cases, only the designated prescribing practitioner can take responsibility for confirming the optometrist is competent as a prescriber during the learning and experience in practice.

Regard should be given to the RPS Competency Framework for all Prescribers, and the RPS Competency Framework for Designated Prescribing Practitioners (see other useful guidance below). The role of a DPP includes that of a Designated Medical Practitioner (DMP).

## Other useful guidance

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

[Standards for optometrists and dispensing opticians](%20https://optical.org/optomanddostandards/)

[The professional duty of candour](%20https://optical.org/en/standards-and-guidance/the-professional-duty-of-candour/)

**GOC Acceptance Criteria**

[RPS Competency Framework for all Prescribers](https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework)

[RPS Competency Framework for Designated Prescribing Practitioners](https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework)

## Evidence Framework (for approved Qualifications in Additional Supply, Supplementary Prescribing and/or Independent Prescribing Categories)

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

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

### Standard 1: Public and patient safety

**Approved qualifications must be delivered in contexts which ensure public and patient safety and support trainees’ development and the demonstration of patient centred professionalism.**

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| No | Criteria | Guidance (non-exhaustive) for providers, Education Visitors and GOC staff and education decision-makers |
| S1.1 | There must be policies and systems in place to ensure trainees understand and adhere to the GOC’s Standards of Practice for Optometrists and Dispensing Opticians. | Does the evidence demonstrate that the GOC’s ‘*Standards of Practice for Optometrists and Dispensing Opticians’* appropriately inform qualification design, delivery, and assessment? |
| S1.2 | Concerns about a trainee’s fitness to train or practise must be reported to the GOC. (The GOC acceptance criteria should be used as a guide as to when a fitness to practise/train matter should be reported.) | Does the evidence demonstrate that the GOC Acceptance Criteria has been used as a guide in the development of the provider’s fitness to practise/train processes?  Is there assurance that the provider’s fitness to practise/train processes ensure that concerns are monitored, raised, and escalated where appropriate, and that there are procedures to investigate and deal with concerns within the learning/practice environments?  Is there evidence which describes how trainees are informed about how concerns can be raised, and will be investigated, within the learning/practice environments?  Is there evidence of clearly described, suitable and consistently applied policies and systems to ensure that concerns when raised are documented from start to completion and are addressed in a timely manner, and that there are transparent and documented processes available to all those concerned in the investigation?  Is there assurance that the GOC is notified of concerns, investigations, and outcomes in accordance with the GOC Acceptance Criteria? |
| S1.3 | Trainees must not put patients, service-users, the public or colleagues at risk. This means that anyone who teaches, assesses, supervises, or employs trainees must ensure trainees practise safely, only undertake activities within the limits of their competence and are appropriately supervised when with patients and service-users. | Is there assurance that there are appropriate policies and systems consistently applied which mitigate risk of harm to patients, service-users, the public or colleagues?  Is there evidence that trainees are provided with timely feedback and sufficient opportunities to identify and address errors to allow them to learn and be assessed safely?  Does the evidence demonstrate that the assessment methods selected allow trainees to develop and improve without putting patients, other trainees, service-users, the public, or colleague’s safety at risk?  Is there assurance that assessment criteria reflect safe practice and that trainees do not complete and pass an approved qualification if they are assessed as being a risk to patients, other trainees, service-users, the public, or colleague’s safety? |
| S1.4 | Upon admission (and at regular intervals thereafter) trainees must be informed it is an offence not to be registered with the GOC at all times whilst studying on a programme leading to an approved qualification for specialist entry to the GOC register (AS, SP and/or IP). | Is there evidence that there are clearly described, suitable and consistently applied policies and systems to ensure that trainees are informed upon admission and at regular intervals thereafter that it is an offence not to be registered with the GOC at all times whilst studying on a programme leading to an approved qualification for specialist entry to the GOC register (AS, SP and/or IP).? |

### Standard 2: Selection and admission of trainees

**Recruitment, selection and admission of trainees must be transparent, fair, and appropriate.**

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| No | Criteria | Guidance (non-exhaustive) for providers, Education Visitors and GOC staff and education decision-makers |
| S2.1 | Selection and admission criteria must be appropriate for entry to an approved qualification for specialist entry to the GOC register (AS, SP and/or IP categories) including relevant health, character, and fitness to practise checks. For overseas trainees, this should include evidence of proficiency in the English language of at least level 7 overall (with no individual section lower than 6.5) on the International English Language Testing System (IELTS) scale or equivalent. | Is there evidence that there are clearly described, suitable and consistently applied admissions criteria, and recruitment and selection processes in place?  Is there evidence that there are clearly described, suitable and consistently applied checks for assessing proficiency in English language for overseas trainees?  Is there assurance that a provider has selected the most appropriate admissions/selection method to assure itself of applicants’ suitability? Potential methods may include reflective application questioning; structured interviews; references from previous work in optical practice.  Is there evidence that there are clearly described, suitable and consistently applied policies and systems to ensure relevant health, character and fitness to train checks have been undertaken? This may include good character checks, such as the Disclosure and Barring Service (DBS)/Disclosure Scotland checks, or equivalent; letters of good standing from relevant non-UK governmental/ professional organisations if no DBS or equivalent record is available for overseas trainees; relevant and proportional health checks to seek information about conditions, and management of conditions, that may affect an applicant’s fitness to practise. |
| S2.2 | Recruitment, selection, and admission processes must be fair, transparent and comply with relevant legislation (which may differ between England, Scotland, Northern Ireland and Wales), including equality and diversity legislation, and evaluate the suitability and relevance of the applicant’s prior clinical and therapeutic experience. | Is there evidence that there are clearly described, suitable and consistently applied recruitment and selection policies and that all aspects of the recruitment, selection and admission procedures comply with relevant legislative requirements, including equality and human rights legislation?  Is there evidence that the applicants prior clinical and therapeutic experience has been assessed by the provider at the appropriate stage(s) of the admissions process?  Does the evidence (including admissions data by protected characteristics) demonstrate that applicants are not treated unfairly or discriminated against on grounds of a protected characteristic or other relevant legislation?  Is there evidence that any potential issues in relation to admissions and protected characteristics are identified, reviewed, and appropriate action taken?  Where data shows that applicants have been accepted who do not meet the academic entry requirements, is the reasoning clearly justified and documented? |
| S2.3 | Selectors (who may include a mix of academic and admissions/administrative staff) should be trained to apply selection criteria fairly, including training in equality, diversity, and unconscious bias in line with legislation in place in England, Scotland, Northern Ireland and Wales. | Does the evidence (including admissions data by protected characteristics) demonstrate that selectors have been trained appropriately in applying selection criteria fairly including equality and diversity legislative requirements and unconscious bias?  Is there assurance that the provider maintains clear and accurate information about the progress and outcome of individual applications in line with relevant UK legislation? |
| S2.4 | Information provided to applicants must be accurate, comply with relevant legislation and include:   * the academic, clinical and therapeutic experience required for entry to the approved qualification; * a description of the selection process and any costs associated with making the application; * the qualification’s approved status; * the total costs/fees that will be incurred; * the curriculum and assessment approach for the qualification; and * the requirement for trainees to remain registered with the GOC throughout the duration of the programme leading to the award of the approved qualification.   If offers are made to applicants below published academic and professional entry requirements, the rationale for making such decisions must be explicit and recorded. | Are there clearly described, suitable and consistently applied policies and systems for ensuring that information provided to applicants, including information about admission procedures, academic and professional entry requirements, GOC qualification approval status, length of study, cost of study, requirement to undertake learning in practice, and other relevant information is kept up to date?  Does the evidence demonstrate that providers inform trainees about the requirement to remain registered with the GOC throughout the duration of the programme, and upon completion, register the specialty with the GOC, including the cost of GOC specialty registration, so that applicants can make an informed decision before studying the qualification? |
| S2.5 | Recognition of prior learning must be supported by effective and robust policies and systems. These must ensure that trainees admitted at a point other than the start of a programme have the potential to meet the outcomes for the award of the approved qualification. Prior learning must be recognised in accordance with guidance issued by The Quality Assurance Agency for Higher Education (QAA) and/or Ofqual / Scottish Qualifications Authority (SQA) / Qualifications Wales / Department for the Economy in Northern Ireland and must not exempt trainees from summative assessments leading to the award of the approved qualification.  (If necessary, separate arrangements will be made for the safe transition of trainees who have not yet completed GOC-approved therapeutic prescribing qualifications programmes prior to the introduction of the new outcomes and standards.) | Does the evidence demonstrate that there are clearly described, suitable and consistently applied criteria and process for ensuring that decisions regarding recognition of prior learning (RPL) are appropriate for admittance to a professional qualification and that a provider’s policy has been designed in accordance with relevant guidance from qualification regulators (for example, the QAA for academic awards in England, SQA for regulated qualifications in Scotland)?  Is there evidence (including data by protected characteristic) that all RPL decisions are made in accordance with the provider’s criteria and process, and properly recorded and documented?  Where RPL has been used to exempt summative assessment(s) how is the provider assured that prior learning has been recorded, mapped, and documented as equivalent?  For Awarding Organisations, is there evidence of quality assurance oversight, mechanisms, policies and procedures which demonstrate the process by which they ensure centre provider(s) meet this criterion through the awarding organisation’s quality control and assurance activities? |
| S2.6 | Upon or shortly after admission, trainees and the organisation responsible for the award of the approved qualification (the provider) must have identified a suitably experienced and qualified designated prescribing practitioner (DPP) who has agreed to supervise the trainee’s learning in practice. The trainee’s DPP must be a registered healthcare professional in Great Britain or Northern Ireland with independent prescribing rights. (See also Standard 4.) | Is there evidence of a suitable documented process that clearly identifies the named DPP, including their qualifications, experience and clinical area, UK registration status, and appropriate fitness to practise checks? Have these checks had regard to the RPS Competency Framework for Designated Prescribing Practitioners?  Is there assurance that the DPP understands their responsibilities to act as a supervisor and can consistently assess against the:   * GOC outcomes, which are paramount * RPS Competency Framework for all Prescribers |

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

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

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| No | Criteria | Guidance (non-exhaustive) for providers, Education Visitors and GOC staff and education decision-makers |
| S3.1 | There must be a clear assessment strategy for the award of an approved qualification. The strategy must describe how the outcomes will be assessed, how assessment will measure trainees’ achievement of outcomes at the required level (Miller’s Pyramid) and how this leads to an award of an approved qualification. | Is there assurance that the provider’s assessment strategy for the approved qualification is integrated, coherent, consistently applied, and appropriate for accurately measuring trainees’ achievement of the outcomes?  Does the assessment strategy include:   * Fit for purpose assessment regulations; including for experience gained in practice? * Appropriate marking criteria for each assessment method, with clear grade descriptors? * Internal verification of assessment decisions, such as second marking or moderation arrangements? * External verification of assessment decisions, such as through external examiners? * Policies for resits, resubmissions and appeals? * Procedures for suspected plagiarism and/or malpractice? * Mapping of assessments to outcomes at the required level of Miller’s Pyramid for the whole qualification? * How assessments are routinely quality controlled, assured and reviewed?   Does the evidence demonstrate continuing stakeholder engagement (including trainee and patient feedback) in the formation, implementation, and review of the provider’s assessment strategy?  Does the evidence demonstrate that feedback or issues in relation to assessment are reviewed, and appropriate action taken? |
| S3.2 | The approved qualification must be taught and assessed (diagnostically, formatively, and summatively) in a progressive and integrated manner. The component parts should be linked into a cohesive programme (for example, Harden’s spiral curriculum[[4]](#footnote-5)), introducing, progressing, and assessing knowledge, skills and behaviour until the outcomes are achieved. | Does the assessment plan clearly set out how each outcome will be taught and assessed in a progressive and integrated manner, mapped to the outcomes, and other appropriate syllabus/ benchmarks (using relevant templates)?  Does the evidence demonstrate that the assessment methods selected, and design of assessment items are appropriate to the qualification type and level?  Does the evidence demonstrate that the component parts are linked into a cohesive programme, introducing, progressing, and assessing (diagnostically, formatively and summatively), knowledge, skills and behaviour until the outcomes are achieved?  Is there assurance that assessment methods and design of assessment items appropriately balance reliability and validity to test the outcomes at the required level of Miller’s pyramid, that assessments are regularly reviewed and evaluated by the provider, and appropriate action taken?  Does the evidence demonstrate that the development of assessments is subject to appropriate quality control and monitoring processes and that trainees receive appropriate information and guidance about assessment formats and methods?  Does the evidence, including progression and attainment data, demonstrate that trainees’ progression and attainment is monitored and assessed throughout the qualification, to ensure that trainees can achieve the outcomes at the required level?  Does the evidence demonstrate that there are clearly described, suitable and consistently applied policies and systems for ensuring that a trainee does not pass the qualification unless all outcomes have been passed successfully? |
| S3.3 | Curriculum design and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, trainees, commissioners, placement providers, members of the eye-care team and other healthcare professionals. | Does the evidence demonstrate that an appropriate level of engagement and feedback has been sought from relevant stakeholders and that this feedback has been used in the design and subsequent delivery of the programme?  Does the evidence demonstrate that a range of stakeholders are engaged in the qualification’s design, delivery, and assessment, such as:   * Patients and members of the public * Staff involved in the delivery of the qualification * Trainees, and former trainees * Placement providers and employers * Local, regional and/or national professional and membership associations, third sector organisations and patient representative groups * Eye-care and NHS commissioners and statutory education and training bodies * Members of the eye-care team and other healthcare professionals * Other relevant stakeholders |
| S3.4 | The outcomes must be assessed using a range of methods and all final, summative assessments must be passed. This means that compensation, trailing and extended re-sit opportunities within and between modules where outcomes are assessed is not permitted. | Does the evidence demonstrate that the provider’s assessment regulations, policies, procedures, and rules are appropriate for a qualification leading to professional registration, including regulations and relevant policies such as plagiarism, grievance and appeals?  Does the evidence demonstrate how final summative assessments measure trainees’ achievement of the outcomes leading to the award of the qualification? |
| S3.5 | Assessment (including lowest pass) criteria, choice, and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must ensure safe and effective practice and be appropriate for a qualification for specialist entry to the GOC register (AS, SP and/or IP). | Does the evidence demonstrate that the choice and design of assessment items and assessment criteria (including the description of lowest pass criteria and establishment of the ‘cut score’ between pass and failure) is appropriate, and that everyone involved in making assessment decisions understand and can apply the assessment criteria (diagnostically, formatively, and summatively)?  Is there evidence of clearly described, suitable and consistently applied policies and systems to ensure that trainees do not complete and pass an approved qualification if they are assessed as being a risk to patients, service-users, the public or colleague’s safety?  Does the evidence demonstrate that whilst teaching, learning and assessment methods for trainees with specific needs may be modified, the outcomes cannot be modified and must be met in full?  For Awarding Organisations, is there evidence of quality assurance oversight, mechanisms, policies and procedures which demonstrate the process by which they ensure centre provider(s) meet this criterion through the awarding organisation’s quality control and assurance activities? |
| S3.6 | Assessment (including lowest pass) criteria must be explicit and set using an appropriate and tested standard-setting process. This includes assessments which occur during learning and experience in practice. | Does the evidence demonstrate that an appropriate standard-setting process has been used to establish assessment criteria and appropriate ‘cut score’ for each summative assessment type?  Is there assurance that assessments undertaken during learning and experience in practice in the workplace are suitably quality controlled to ensure fairness and consistency in assessment decisions? |
| S3.7 | Assessments must appropriately balance validity, reliability, robustness, fairness, and transparency, ensure equity of treatment for trainees, reflect best practice and be routinely monitored, developed and quality controlled. This includes assessments which might occur during learning and experience in practice. | Is there assurance that the provider’s assessment strategy, which should clearly set out how assessments balance validity, reliability, robustness, fairness, and transparency, is coherent, appropriate for local, regional, and national context?  Is the provider’s assessment strategy regularly monitored, quality controlled, reviewed against best practice and consistently applied in all assessment settings, measuring trainees’ achievement of the outcomes?  Does the evidence demonstrate that all those involved in assessment decisions, regardless of location, understand their role and responsibilities, and are appropriately supported and trained?  Is there assurance that assessment policies, systems and decisions are robust, rigorous, and transparent.  For Awarding Organisations, is there evidence of quality assurance oversight, mechanisms, policies, and procedures which demonstrate the process by which they ensure centre provider(s) meet this criterion through the awarding organisation’s quality control and assurance activities? |
| S3.8 | Appropriate reasonable adjustments must be put in place to ensure that trainees with a disability are not disadvantaged in engaging with the learning and teaching process and in demonstrating their achievement of the outcomes. | Does the evidence demonstrate that there are clearly described, suitable, and consistently applied policies and systems to ensure reasonable adjustments are made to meet trainees specific learning and personal needs across all teaching, learning and assessment areas in accordance with the Equality Act 2010[[5]](#footnote-6)?  Is there evidence those who teach, supervise, provide practice placements for, or work with trainees, can appropriately support the trainees in respect of any reasonable adjustments? |
| S3.9 | There must be policies and systems in place to plan, monitor and record each trainee’s achievement of outcomes leading to award of the approved qualification. | Does the evidence demonstrate that there are effective systems in place to plan, monitor and record trainee’s progression and attainment, including assessments that occur through learning and experience in practice?  Does the evidence demonstrate that there is a clear and robust process for ratification of achievement before final awards are issued to trainees? |
| S3.10 | The approved qualification must be listed on one of the national frameworks for higher education qualifications for UK degree-awarding bodies (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (FHEQ) and the Framework for Qualifications of Higher Education Institutions in Scotland (FQHEIS)), or be a qualification regulated by Qfqual, SQA or Qualifications Wales. Approved qualifications for specialist entry to the GOC register (AS, SP and/or IP) must be at a minimum Regulated Qualification Framework (RQF), FHEQ or Credit and Qualifications Framework Wales (CQFW) level 7 or Scottish Credit and Qualifications Framework (SCQF) / FQHEIS 11. | Is there evidence that the qualification is recognised by, and has been developed to meet, an appropriate national qualification framework?  Does the evidence demonstrate that the qualification has been benchmarked at the appropriate RQF or equivalent level?  If any conditions or recommendations are applied by a relevant UK qualification regulator or equivalent, is there evidence of a response and when such conditions or recommendations will be, or have been, met? |
| S3.11 | A range of teaching and learning methods must be used to deliver the outcomes. | Does the evidence demonstrate an appropriate use and mix of teaching and learning methods to enable the trainee to demonstrate the outcomes at the required level?  Does the evidence demonstrate the assessment methods chosen, clearly align with the teaching and learning strategy, to ensure both strategies are coherent and integrated with the learning outcome desired? |
| S3.12 | To enable the development of trainees’ clinical, diagnostic and prescribing skills to meet the outcomes, the approved qualification must integrate learning and experience in practice (as a guide, approximately 90 hours). The supervision of a trainee’s learning and experience in practice must be co-ordinated by an appropriately trained and qualified registered healthcare professional (DPP) with independent prescribing rights. (See also S4.4-S4.6.) | Does the evidence demonstrate that there is a clear strategy for clinical, diagnostic, and prescribing skills to enable trainees to develop the required knowledge, skills, and behaviours, with direct access to patients, in an integrated way to achieve the relevant outcomes?  Does the evidence demonstrate that the provider has taken steps to communicate the requirements of the learning and experience in practice and that DPPs and placement providers have agreed to meet the appropriate caseload and requirements?  Is there evidence of an appropriate number of hours in practice for the trainee, under the co-ordinated supervision of a DPP?  Is there evidence that the DPP is assessed by the provider as being an appropriately trained and qualified registered healthcare professional with independent prescribing rights?  Is there assurance that there are appropriately qualified, trained, and experienced professionals to assess the outcomes? Evidence could include:   * Training and resource materials * Evidence of completion of relevant training * Appraisals, feedback and evaluations * Quality controls of assessment decisions |
| S3.13 | Outcomes delivered and assessed during learning and experience in practice must be clearly identified, included within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification. | Does the evidence demonstrate how learning and experience in practice is fully integrated within the qualification, is meaningful, and that there is a clear rationale for choice of outcomes taught and assessed during the learning and experience in practice?  Is there assurance that the assessment strategy incorporates learning in practice in an integrated and progressive way, leading to the award of an approved qualification? |
| S3.14 | The selection of outcomes to be taught and assessed during periods of learning and experience in practice and the choice and design of assessment items must be informed by feedback from a variety of sources, such as patients, employers, trainees, DPPs, members of the eye-care team and other healthcare professionals. | Does the evidence demonstrate that stakeholders are engaged and inform the selection of outcomes to be taught and assessed during learning and in practice? Stakeholders could include:   * Patients and members of the public * Staff involved in the delivery of the qualification * Trainees * Employers and DPP supervisors * Service-delivery commissioners * Wider relevant stakeholders * Members of the eye-care team and other healthcare professionals. |
| S3.15 | Equality and diversity data and its analysis must inform curriculum design, delivery and assessment of the approved qualification. This analysis must include trainees’ progression by protected characteristic. In addition, the principles of equality, diversity and inclusion must be embedded in curriculum design and assessment and used to enhance trainees’ experience of studying on a programme leading to an approved qualification. | These guidance questions only apply to cohorts of a sufficient size to avoid the identification of individual students:  Does the evidence demonstrate that there are clearly described, suitable and consistently applied policies and systems to record, analyse, report and act upon equality and diversity data, including trainee’s progression and attainment, measured against protected characteristics?  Does the evidence demonstrate that equality and diversity data collected informs policy and procedures, improves the qualification design and delivery, and is used to understand the needs of the trainee population, support trainee development, and to inform the qualification teaching, learning and assessment strategies? |
| S3.16 | Trainees must receive regular and timely feedback to improve their performance, including on their performance in assessments and in periods of learning and experience in practice. | Is there assurance that there are processes in place for providing feedback to trainees across all parts of the qualification, including in practice?  Does the evidence demonstrate how formative and summative feedback enables trainees to learn and progress throughout the qualification?  Does the evidence demonstrate how appropriate and timely feedback on trainee’s performance supports development and that feedback is given in time for it to be used effectively?  Does the evidence demonstrate how feedback enables the trainee to understand how they can improve their performance, and provide trainees with feedback and opportunities to identify and address errors throughout the qualification to allow for safe progression?  Does the evidence demonstrate that there are mechanisms in place to identify and address where learning in practice requirements are not being met?  Is there assurance that assessments undertaken during learning and experience in practice are appropriately quality controlled to ensure consistency and fairness and to accurately measure trainees’ achievement of outcomes at the required level? |
| S3.17 | As part of the approved qualification, trainees must meet regularly with their DPP to discuss and document their progress as learners. | Is there assurance that trainees have up to date records of the learning in practice and supervision arrangements?  Is there assurance that trainees liaise regularly with the DPP and or any person involved formally with their training?  Does the evidence demonstrate how the DPP will have oversight of the trainee, including appropriate guidance for the expected kind of formal and informal interaction?  Is there assurance that trainees receive appropriate, documented, and timely feedback on their performance to support their development? |

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

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

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| No | Criteria | Guidance (non-exhaustive) for providers, Education Visitors and GOC staff and education decision-makers |
| S4.1 | There must be a clear management plan in place for the award of the approved qualification and its development, delivery, management, quality control and evaluation. | Is there assurance that there are appropriate systems and structures to manage the development, delivery, management, quality control and evaluation of the qualification, and that there is a documented and defined management plan which is both realistic and achievable?  Does the evidence demonstrate that the management plan includes consideration of key issues and risks related to the qualification, including processes on how to mitigate or control risks as appropriate?  Does the evidence demonstrate that there are clearly defined roles and responsibilities for everyone involved in the delivery management, quality control and evaluation of the qualification? |
| S4.2 | The organisation responsible for the award of the approved qualification must be legally incorporated (i.e., not be an unincorporated association) and have the authority and capability to award the approved qualification. | Is there evidence of the provider’s legal incorporation?  Is there evidence of the provider’s registration/approval status with a relevant UK qualification regulator or equivalent?  Is there evidence of the qualification validation with the providers governing authority e.g., internal validation committee? |
| S4.3 | The provider must have a named point of contact for the approved qualification. | Is there a suitably qualified, experienced, and named individual?  Does the evidence demonstrate that feedback or issues in relation to maintaining appropriate communication with GOC are reviewed, and appropriate action taken? |
| S4.4 | There must be agreements in place between the trainee, their DPP and the provider that describe their respective roles and responsibilities during periods of learning and experience in practice. These must be regularly reviewed and supported by management plans, systems and policies which prioritise patient safety. | Is there assurance that the roles and responsibilities of the trainee, their DPP, and the provider are clearly described, documented, suitable, and consistently enacted during periods of learning and experience in practice, such as through documented learning agreements?  Does the evidence demonstrate that agreements are reviewed regularly by the trainee, their DPP, and the provider, such as through tripartite meetings? |
| S4.5 | A trainee’s DPP must be a registered healthcare professional with independent prescribing rights and be an active prescriber competent in the clinical area(s) they will be supervising the trainee in, have the relevant core competencies[[6]](#footnote-7) and be trained and supported to carry out their role effectively. | Does the evidence demonstrate that the provider undertakes appropriate checks on the DPP ensuring they:   * Have regard for the RPS Competency Framework for Designated Prescribing Practitioners when deciding DPP suitability * Are registered with their professional regulator in the UK * Have no restrictions on practice and are in good standing with their professional regulator * Are suitably experienced and qualified to complete their role   Is there assurance that the DPP understands and can consistently assess against:   * the GOC outcomes which are paramount * the RPS Competency Framework for all Prescribers |
| S4.6 | If more than one registered healthcare professional with independent prescribing rights is involved in supervising a trainee, one independent prescriber must assume primary responsibility for coordinating their supervision. That person will be the trainee’s DPP. | Does the evidence demonstrate that although other healthcare professionals can offer optometrists in training support and advice and support while they are undertaking the qualification, only the DPP can take responsibility for confirming the trainee is competent as a prescriber for the period of learning in practice? |
| S4.7 | The approved qualification must be systematically monitored and evaluated across learning environments using the best available evidence, including feedback from stakeholders, and action taken to address any concerns identified. Evidence should demonstrate as a minimum:   * feedback systems for trainees and DPPs; * structured systems for quality review and evaluation; * trainee consultative mechanisms; * input and feedback from external stakeholders (patients, employers, DPPs, commissioners, trainees, former trainees, third sector bodies, etc); and * evaluation of business intelligence including progression and attainment data.   This will ensure that:   * provision is relevant, current and informed by evidence, and changes are made promptly to teaching materials and assessment items to reflect significant changes in practice and/or the results of research; * the quality of teaching, learning support and assessment is appropriate; and * the quality of learning and experience in practice, including supervision, is appropriate. | Is there assurance that the qualification is systemically monitored, reviewed, and evaluated using evidence from a variety of sources? This may include:   * feedback from trainees undertaking the qualification, former trainees who are recently specialised professionals * feedback from DPPs, providers, employers, patients and the public, external examiners, national and regional service-delivery commissioners, staff appraisals * peer reviews, data from internal and external surveys * trainee’s attainment and progression data   Does the evidence show feedback processes are robust, rigorous, and transparent and that:   * Internal feedback systems, such as end of module surveys, end of year surveys, and student staff committees are appropriate and impactful? * External feedback systems, such as the PGT, are reflected upon and action is taken to address any issues identified? * Feedback systems are acted on, documented, and shared as appropriate with those involved with the design and delivery of the qualification, including trainees? * There is an external and independent evaluation of the qualification, such as through external examiners? * The qualification is developed as a result of internal and external quality assurance and monitoring? * Quality assurance processes are in place for reviewing changes in practice and to assess the impact on the qualification content, including learning in practice?   Are there suitable policies and systems to ensure that any reportable events and/or changes to the qualification are notified to the GOC and/or a relevant UK qualification regulator, with clear timeframes of who is responsible for what part of the updating process?  Any changes to qualification content should be highlighted to trainees. |
| 4.8 | There must be policies and systems in place for:   * the selection, appointment, support and training of external examiner(s) and/or internal and external moderator(s)/verifiers; and * reporting back on actions taken to external examiners and/or internal and external moderators/verifiers. | Is there assurance that external examiner(s) and/or internal and external moderator(s)/verifiers:   * are appropriate for the role and have the required qualifications and experience in order to undertake the role effectively and objectively? * independently report on the assessment processes, including during learning in practice? * reports are used to improve the qualification including assessment processes?   Does the evidence describe the responsibilities of external examiner(s) and/or internal and external moderator(s)/verifiers? This should include role descriptions with clearly defined roles and responsibilities. |
| S4.9 | Trainees, and anyone who supervises trainees, must be able to provide feedback on progress and raise concerns. Responses to feedback and concerns raised must be recorded and evidenced. | Does the evidence demonstrate that there are clearly described, suitable and consistently applied policies and systems to act when concerns are raised, including clear lines of accountability, authority and responsibility and that feedback and concerns are documented and acted upon in a timely manner?  Does the evidence demonstrate that staff, trainees, employers, and placement providers are aware of the process and their responsibilities to raise concerns about unsafe practice or quality assurance systems, and that feedback is actively sought from trainees and anyone who teaches, assesses, supervises, employs, or works with trainees?  Does the evidence demonstrate procedures to deal with concerns/feedback about an optometrist independent prescriber in in training, a DPP, and/or the learning environment?  Does the evidence demonstrate procedures to address any concern/feedback raised in a timely manner and how those concerns should be addressed through use of relevant policies and/or process maps, case studies or examples of concerns being dealt with according to the relevant policy/process?  Does the evidence describe how fitness to practise concerns involving an optometrist independent prescriber in training will be addressed, including raising, monitoring and escalating concerns where appropriate, and the procedures and communication channels with the trainee, provider, and the DPP?  Does the evidence demonstrate that optometrists are aware of the fitness to practise mechanisms in place, including the possibility of a concern being referred to, and investigated by, the GOC? |
| S4.10 | Complaints must be considered in accordance with the good practice advice on handling complaints issued by the Office for the Independent Adjudicator for Higher Education in England and Wales (or equivalent). | Is there assurance that there are clearly described, suitable and consistently applied policies and systems for considering complaints in a timely and transparent way in accordance with advice by the relevant qualification regulator (where available).  Does the evidence demonstrate how complaints or concerns are acted upon and by whom, and how trainees are informed of complaints procedures, including processes for raising concerns about employers, practice environments, and course providers? |
| S4.11 | There must be an effective mechanism to identify risks to the quality of the delivery and assessment of the approved qualification and to identify areas requiring attention or development. | Does the evidence demonstrate appropriate assessment of key risks and issues, including management of commercial conflicts of interests, that have the potential to impact on the delivery and assessment of the qualification, and identified, resourced plans for mitigation, counter or control (as appropriate)?  Is there assurance that staff and trainees are aware of their responsibilities to raise concerns about the quality of the qualification to relevant bodies, such as the GOC? |
| S4.12 | There must be systems and policies in place to ensure that the GOC is notified of any major events and/or changes to the approved qualification, assessment and quality control, its organisation, resourcing and constitution, including responses to relevant regulatory body reviews. | Are there clearly described, suitable and consistently applied policies and systems to ensure that any reportable events and/or changes to the qualification are notified to the GOC and/or a relevant UK qualification regulator?  Providers must seek approval from the GOC for any proposed change to a qualification which is, or has the potential to be, significant to its delivery. |

### Standard 5: Leadership, resources and capacity

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

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| No | Criteria | Guidance (non-exhaustive) for providers, Education Visitors and GOC staff and education decision-makers |
| S5.1 | There must be robust and transparent mechanisms for identifying, securing and maintaining a sufficient and appropriate level of ongoing resources to deliver the outcomes to meet these standards, including human and physical resources that are fit for purpose and clearly integrated into strategic and business plans. Evaluations of resources and capacity must be evidenced together with evidence of recommendations considered and implemented. | Is there assurance that documented processes, including strategic/business plans, identify, secure, evaluate and maintain a sufficient and appropriate level of ongoing resource?  Is there assurance that there is sufficient resource, including human and physical resources are fit for purpose and appropriate to deliver the qualification?  Does the evidence demonstrate an appropriate evaluation of resources and capacity, with evidence of recommendations being considered and implemented, and feedback (for example, from trainees for external examiners) are responded to meaningfully?  Does the evidence demonstrate that teaching and learning environments are suitable and have sufficient capacity to support the planned numbers of trainees? |
| S5.2 | There must be a sufficient and appropriately qualified and experienced staff team. This must include:   * an appropriately qualified and experienced programme leader, supported to succeed in their role; and * sufficient staff responsible for the teaching and assessment of the outcomes[[7]](#footnote-8), including GOC registrants and other suitably qualified healthcare professionals. | Is there assurance that the qualification is led by a suitably qualified, experienced, and named individual who is the programme leader and that there are there clearly described, suitable and consistently applied policies and systems to ensure that the programme leader is supported to succeed in their role?  Is there assurance that there is sufficient, appropriately trained, and supported staff from a suitable range of professional backgrounds?  Does the evidence demonstrate that the data informing the SSR calculation is clearly documented and appropriate, and that the SSR has been benchmarked to comparable provision, the results of which have been actively considered in the resourcing, design, and delivery of the qualification, and any significant negative deviation acted upon? |
| S5.3 | There must be policies and systems in place to ensure anyone involved in the approved qualification is appropriately qualified and supported to develop in their role. These must include:   * opportunities for CPD, including personal, academic and profession-specific development; * for registered healthcare professionals and DPPs supervising trainees, opportunity for training and support; * effective induction, supervision, peer support and mentoring; * realistic workloads for anyone who teaches, assesses or supervises trainees; * for teaching staff, the opportunity to gain teaching qualifications; and * effective appraisal, performance review and career development support. | Is there assurance that there are effective training, appraisal, performance review, career development (CPD) and support systems for all those involved in the delivery of the qualification, including appropriate personal and professional development opportunities?  Does the evidence demonstrate that there are appropriate training and support opportunities for those involved in the delivery of an approved qualification, including academic staff, to develop in their professional, clinical, supervisory, academic/teaching and/or research roles; such as:   * formal and informal mentoring and feedback processes? * effective supervision, opportunity to be mentored and appraisals? * an appropriate and realistic workload? * time to learn? * continuing professional development opportunities? * peer support? * career development support?   Is there evidence which describes a clear induction plan, training, and continued support for DPPs? |
| S5.4 | There must be sufficient and appropriate learning facilities to deliver and assess the outcomes. These must include:   * sufficient and appropriate library and other information and IT resources; * access to specialist resources, including textbooks, journals, internet and web-based materials; and * specialist teaching, learning and clinical facilities to enable the delivery and assessment of the outcomes. | Is there assurance that that there are appropriate levels of physical and specialist resources fit for purpose to deliver the qualification effectively, including those facilities used for the teaching and assessment of clinical and/or diagnostic skills? |
| S5.5 | Trainees must have effective support for health, wellbeing, conduct, academic, professional and clinical issues. | Is there assurance that trainees have access to appropriate, identified individual(s) who can assist with health, wellbeing, conduct, academic, professional and clinical issues related to the qualification and that those identified individuals are appropriately qualified, trained and suitable for their role?  Does the evidence demonstrate that there are mechanisms in place for regular liaison with those involved in the delivery of the qualification about the progress of the trainee? |

## Glossary

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| Term | Definition |
| Applicant | A person applying to be admitted onto a GOC approved qualification. |
| Awarding Organisation (AO) | An awarding organisation (body) is an organisation recognised by a relevant qualification regulator (such as OFQAL, SQA and Qualifications Wales), for example, Open Awards, Pearson, City and Guilds. |
| Centre provider | An AO approved third party who delivers all or part of a regulated a qualification on behalf of an AO. |
| Designated Prescribing Practitioner (DPP) | A registered health professional practitioner acting in the supervisory capacity of a trainee independent prescriber. |
| Diagnostic assessment | A form of assessment that allows a teacher to pre-evaluate how much knowledge and skills a trainee has on a topic. |
| Education decision-maker | A person responsible for making final decisions in line with the GOCs Education Decision-Making Framework. |
| Education Quality Assurance Officer | A GOC employee whose role is to ensure the proportionate and efficient quality assurance and approval of GOC approved qualifications. |
| External Examiner | An individual who has a formal role in the qualification in evaluating the knowledge or competence of a trainee. |
| Experiential learning | A period of practical experience of working with patients, carers and other healthcare professionals in a range of environments (real life and simulated). |
| Formative assessment | A form of assessment that is ongoing, developmental and continuous and is used to give feedback and support to the trainee on their progress towards meeting the outcomes. |
| Healthcare professional | An individual who is approved to practise in a healthcare speciality or discipline by the relevant regulatory body in the UK. |
| Inter-professional learning | A period of engagement with trainees from other health and care professions that mirrors professional practise. |
| Period of learning in practice | The period of patient-facing supervised learning in practice specifically related to optometry. |
| Protected characteristics | The nine protected characteristics as listed in the Equality Act 2010[[8]](#footnote-9): age; disability; gender reassignment; marriage and civil partnership; pregnancy maternity; race; religion and belief; sex; and sexual orientation. |
| Provider | A provider of a GOC approved qualification. |
| Supervisor | The person responsible for supervising a trainee during periods of learning and experience in practice, in the workplace or during inter-professional learning. |
| Summative assessment | A form of assessment used to measure whether the trainee has achieved one or more of the outcomes. |
| Trainee | An individual who is studying an approved qualification for specialist entry to the GOC register. |
| Qualification regulator | Regulators with a statutory responsibility to oversee and quality assure Awarding Organisations, such as OFQAL, SQA, Qualifications Wales etc. |

1. <https://www.qaa.ac.uk/docs/qaa/quality-code/qualifications-involving-more-than-one-degree-awarding-body.pdf> [↑](#footnote-ref-2)
2. <https://www.gov.uk/guidance/ofqual-handbook/section-c-third-parties> [↑](#footnote-ref-3)
3. <https://www.gov.uk/guidance/ofqual-handbook/section-c-third-parties> [↑](#footnote-ref-4)
4. R.M. Harden (1999) What is a spiral curriculum? Medical Teacher, 21:2, 141-143 [↑](#footnote-ref-5)
5. The Equality Act 2010 does not apply to Northern Ireland. The Equality Act 2010 is in force in the rest of the UK, but the Disability Discrimination Act 1995 and the Special Educational Needs and Disability (NI) Order 2005 remain in force in Northern Ireland. Section 75 of the Northern Ireland Act places a statutory obligation on Public Authorities to carry out their functions with due regard to the need to promote equality of opportunity and good relations in respect of religious belief, political opinion, gender, race, disability, age, marital status, dependants, and sexual orientation. [↑](#footnote-ref-6)
6. See <https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework> [↑](#footnote-ref-7)
7. As part of the rationale for their choice of student:staff ratios (SSR) providers must regularly benchmark their SSR to comparable providers (alongside seeking student and stakeholder feedback) to determine if their SSR provides an appropriate level of resource for the teaching and assessment of the outcomes leading to the award of an approved qualification. [↑](#footnote-ref-8)
8. The Equality Act 2010 does not apply to Northern Ireland. The Equality Act 2010 is in force in the rest of the UK, but the Disability Discrimination Act 1995 and the Special Educational Needs and Disability (NI) Order 2005 remain in force in Northern Ireland. Section 75 of the Northern Ireland Act places a statutory obligation on Public Authorities to carry out their functions with due regard to the need to promote equality of opportunity and good relations in respect of religious belief, political opinion, gender, race, disability, age, marital status, dependants, and sexual orientation. [↑](#footnote-ref-9)