

Cardiff University
GOC Reaccreditation Visit
BSc (Hons) Optometry Programme
Dates of Visit: 24 – 25 October 2017

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PART 1

1 Acknowledgements

The Visitor Panel (the Panel) would like to thank the Programme Team for their hospitality and wish to thank those who took the time to meet with the Panel throughout the visit.

2 Introduction

This report relates to a re-accreditation visit to Cardiff University, BSc (Hons) Optometry which took place on 24 - 25 October 2017. This report should be read in conjunction with the GOC visit report dated 6 - 7 November 2013.

The Visitor Panel consisted of:

Ms. Sheila Needham – Chair
Dr. Nicholas Wilson-Holt – Ophthalmologist
Dr. Navneet Gupta – Optometrist
Mr. Richard Allen – Optometrist
Mr. Markham May – Lay Member
Ms. Paula Baines – Dispensing Optician / Contact Lens Optician

The Panel was also accompanied by Mr. Christopher McKendrick, Accreditation and Quality Assurance Officer for the GOC.

The GOC is required to undertake such visits in order to obtain assurance that the standards of teaching and clinical practice within the Programme are compliant with the GOC's Core Competencies and requirements.

During the visit, the 2015 GOC Handbook 'Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry' (the Handbook) was used by the Visitor Panel. The Panel conducted their assessments during the visit, applying the criteria and requirements as set out in the Handbook.

2.1 Background

Cardiff University was founded in 1883 as the University College of South Wales and Monmouthshire.

The School of Optometry and Vision Sciences was formed in 1936 and is currently the only Optometric training university in Wales. The BSc in Optometry Degree is a full time three-year programme.

The School of Optometry and Vision Sciences is one of eight schools that form the College of Biomedical and Life Sciences.

The standard entry typical offer for the three-year BSc Optometry programme (the Programme) is three A-Levels at grades AAA - AAB, two of which would normally be obtained in Mathematics, Physics, Chemistry and Biology.

The standard entry typical offer for Optometry with a Preliminary Year BSc (Hons) Programme (year zero is not GOC-registerable) is three A-Levels at ABB, in any subject (excluding general studies). Each student is assessed on an individual basis, and is usually required to attend an interview.

2.2 Documentation

The following documentation was requested:

1. Conditions and Recommendations:

- a. A written report on how Cardiff University has met the conditions and recommendations imposed during the last GOC visits in 2013/14; and
- b. A report on what new audit process there is to verify patient episodes.

2. Staffing:

- a. A summary of any new staff appointments within the department (including planned appointments);
- b. New staff member CVs and evidence of teaching experience;
- c. Evidence of any training sessions held for clinic supervisors;
- d. A report on the current 'resource allocation' of the Programme in accordance with Appendix E of the Optometry Handbook 2015; and
- e. Minutes from staff engagement forums and internal departmental meetings over the last two years.

3. Student Experience:

- a. The current number of students in each cohort (year) and the total number of students on the Programme;
- b. The current student progression statistics, including deferral and resit numbers;
- c. A blank copy of the logbook/portfolio currently in use;
- d. Copies of assessed student work for all cohorts (*can be provided during the visit*);
- e. Copies of current student logbooks / portfolios (*can be provided during the visit*);
- f. Minutes from student engagement forums;
- g. The current programme Student Optometry Handbook;
- h. A full list of Optometry equipment in the Department; and
- i. The current competency mapping for the Programme.

4. External Examiners:

- a. An outline of any new External Examiner appointments, including copies of their CVs and training received; and
- b. All External Examiners' reports since 2014, including any responses from the University.

5. Patient Experience:

- a. A report on the 'patient experience' for all student years in accordance with Appendix F of the Optometry Handbook 2015;
- b. A summary of the type and range of patients attending the clinics; and
- c. Minutes from community and hospital stakeholder forums (if applicable).

6. Contracts / Agreements:

- a. Copies of contracts or evidence of agreements in place with hospitals and community providers.

3 Visit Outcomes

The visit took place over two days whilst the BSc (Hons) Optometry Programme was in operation. The GOC Visitor Panel met with the Pro-Vice Chancellor, Head of School, Director of Learning and Teaching, Director of Clinics, Admissions Tutors, students, and administrative staff. The Visitor Panel conducted a telephone conference with one External Examiner. The Ophthalmologist

contacted the hospital representatives by telephone prior to the visit. The Visitor Panel observed a range of first, second and third year laboratory sessions and lectures.

The Visitor Panel recommends to the Education Committee that:

- i. the four conditions from the previous visit undertaken in November 2013 have been met;
- ii. suitable action has been taken on the previous three recommendations;
- iii. the seven recommendations proposed in this document should be ratified by Education Committee;
- iv. no conditions are imposed; and
- v. a GOC re-accreditation visit takes place in the autumn of 2022.

3.1 Previous Conditions
The Conditions listed below are extracted from the 6 – 7 November 2013

Ref.	Description	Due by	Met/Not met?
1	The University must implement a process in which to regularly audit student logbooks and patient episodes for all clinic types with immediate effect. The audit should seek to ensure that evidence can be provided that each student meets the 'real patient episodes' as defined in the GOC Handbook.	By next Panel visit	Met
2	Redesign the logbooks to include sufficient information to document the nature and extent of the contact with the patient (such as what tests and procedures were conducted) to verify that the episodes meet the requirements and the episode numbers are easily visible.	By next Panel visit	Met
3	To provide training and support to staff responsible for clinics to ensure they fully understand the GOC requirements for what is recognised as a patient episode.	By next Panel visit	Met
4	To maintain patient numbers and variation, the University should allow the school to use blanket emails to staff and students to raise awareness of the Eye Clinic.	By next Panel visit	Met

3.2 Previous Recommendations
The Recommendations listed below are extracted from the 7-8 June 2016

Description	Action taken
1 To utilise the External Examiners to assist with quality assurance of the clinic logbooks by including it within their remit and provide the relevant training and support to enable them to do so.	The External Examiners are now invited to review the clinic logbooks and provide feedback.
2 To provide Supervisors with an induction, regular training and marking guides to ensure that supervisors remain as consistent as possible and include supervisors marking when auditing student logbooks.	Supervisors are provided with training on a yearly basis. Information is provided in the Supervisors' Handbook about the marking scheme to promote consistency.

3	To look at how the University can address low NSS score regarding student feedback	The NSS score had improved from the previous visit. However, there was a drop across the University in 2015/16. This is being looked at closely by the University as a whole.
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3.3 Conditions
Conditions are applied to training and assessment providers if there is evidence that the GOC requirements are not met. In order to ensure that the programme meets the GOC requirements, the Panel propose the following condition(s):

Ref.	Condition	Due by
1	None	

3.4 Recommendations
The Panel offers the following recommendation to the provider. Recommendations indicate enhancements that can be made to a programme but are not directly linked to compliance with GOC requirements.

Ref.	Description
1	To revise the Dispensing Logbook in order to allow supervisors to justify the grade awarded. Additionally, within the Dispensing Logbook, students should be encouraged to reflect clearly on their learning outcomes.
2	To review the Dispensing Logbook in order to make reference to 'safe' rather than 'competent' patient episodes.
3	To review the Supervisors' Handbook in order to clarify that penalties for excessive patient examination time do not impact on 'safe' and 'unsafe' judgements.
4	To encourage the development of Inter-Professional Education (IPE) relevant to Optometry students, as per the strategic plan.
5	To encourage the use of Meditrek as the primary means of capturing student reflections on their patient episodes.
6	To develop the Meditrek system to include recording of the full range of patient experience, as detailed in Appendix F of the 2015 GOC Optometry Handbook.
7	To monitor the number of students entering year one and ensure that it does not exceed the GOC approved student number of 87, in addition to the current permitted 10% margin.

4 Public Protection

1. The Panel was satisfied, based on documentary and verbal evidence, that all students on the Programme are GOC registered.
2. The Panel was satisfied that, during the admissions process, all students are required to undergo the relevant Disclosure and Barring Service (DBS) check to assess their suitability to be admitted onto the Programme.
3. The Panel was satisfied that a comprehensive Student Handbook, detailing the Programme's professional requirements, is provided to all students who enrol onto the Programme.
4. All students receive a link, which is included in the Student Handbook, to the GOC's 'Standards for Optical Students'. Students are informed of the requirement to abide by these GOC standards whilst they are a student.
5. Admission procedures related to the Programme are currently Programme-led, with up to four Admissions Tutors, who are all registered optometrists and members of Optometry staff, on the selection committee.
6. The Panel was informed that as part of a University-wide policy, admissions to the Optometry programme will be partially controlled by a centralised University-led team from the 2018/19 academic year.
7. The Panel was assured that, despite the centralisation of the admissions system, a qualified member of the Optometry staff will still be involved in the admissions process.
8. The centralisation of the admissions cycle is being piloted by the School of Medicine with respect to the initial scoring of UCAS forms based on grades.
9. Both home and overseas students normally apply through the Universities and Colleges Admissions Service (UCAS) system.
10. The standard entry typical offer for the three-year BSc (Hons) Programme is three A-Levels at grade AAA - AAB, two of which would normally be in Mathematics, Physics, Chemistry and Biology.
11. Each UCAS form is evaluated by a scoring process. Students whose applications are below a minimum threshold score are required to attend a panel interview
12. The interview panel consists of two qualified members of the Optometry staff and is approximately twenty minutes in duration. A majority of interviews are conducted face-to-face, but Skype may be used, if required.
13. Passing year zero guarantees entry onto year 1 of the Programme.

14. The GCSE requirement for admission onto the Programme is unchanged, with students required to obtain at least five GCSEs, including English Language, Mathematics and a Science at grade 5 or above.
15. The current admissions system to the Programme means there are three possible student entry (intake) points.
16. The Programme has an agreement with Singapore Polytechnic to take students (subject to the Programme's entry requirements) directly into the second year of the Programme.
17. The Panel was satisfied that students are adequately supervised throughout the duration of the Programme.
18. Supervisors are provided with annual training, prior to students starting the Programme.
19. Supervisors are provided with an appropriately comprehensive handbook that details what constitutes a safe or unsafe patient episode.
20. Supervisor peer-to-peer review is promoted to ensure that marking is consistent throughout the Programme. Although this has only taken place once to date, the Programme staff hope this will become a regular feature.
21. It was noted by the Panel that there has been a large number of new supervisor appointments within the last year. The new supervisors confirmed that they had received appropriate induction and training.
22. The Panel was assured that the clinics, and the hospital placement located at Bristol Eye Hospital, meet the practice-based learning requirements set by the GOC.
23. The Panel was satisfied that student portfolios are completed to an appropriate standard, and in the paper form, include supervisors' signatures, the date of sign off and feedback to the student.
24. The Panel was informed that there are currently 95 students in their first year (103 including retakes), 95 students in their second year (102 including retakes) and 85 students in their third year of the Programme.
25. The Panel noted that the University set overall admissions targets to the individual Colleges and the Colleges set the admissions targets to the individual programmes.
26. The current target to the Optometry programme is 105 students, of which 86 are to be recruited as 'home' students from the United Kingdom and other European Union countries. This figure does not include retake students, and is negotiable with the College.
27. The Panel reminded the Programme Senior Management Team (SMT) that the GOC student approval number is 87 plus the 10% margin, giving a total of 95.7 FTE students permitted to enter the first year of the programme.
28. The Panel invited the Programme SMT to submit a proposal to the GOC if they wish to increase their student numbers beyond this limit.
29. The Panel confirmed there is no explicit mention of student retake numbers in the Handbook.

30. There are 27.01 FTE academic staff directly involved in the teaching of undergraduate students.
31. In the current academic year, student numbers stand at 302 in years 1-3 and 32 in year zero, giving an overall Staff-Student Ratio (SSR) of 12.36:1. This meets GOC's requirements.
32. Based on the information available, the Panel was satisfied that there is an appropriate staff resourcing level to manage the number of students currently enrolled on the Programme.

5 Student Experience

1. Members of the Panel observed a wide range of teaching including: a first year Dispensing Laboratory session; second year Contact Lens Clinics; a third year Primary Care Clinic; a first year 'Cells to Systems' lecture; a first year 'Geometric Optics' lecture; a first year Dispensing lecture; a second year Professional Awareness Skills session; and third year Investigative Optometry and Case Studies sessions.
2. The Panel commented that students appeared enthused and involved in the seminars, clinics and labs, with excellent interaction between staff members and students observed. However, engagement between staff and students appeared to be limited during some of the Optometry and Case Studies seminars.
3. A well delivered Professional Awareness Skills session was observed by two panel members. Students were split into four groups and discussed different scenarios, examining the importance of effective communication within Optometry practice.
4. The Panel noted that during observations of laboratory sessions, clinics and lectures, the content was relevant and appropriate. A majority of students appeared to be engaged and clinical techniques were appropriately explained and demonstrated. In addition, the SSR was appropriate and supervisors/tutors were available to provide advice.
5. The Panel noted during the timetabled clinics, students appeared to be professionally dressed. Students are required to wear white laboratory coats during clinical interaction with the public.
6. Students informed the Panel that they are satisfied with the range of teaching methods employed by the Programme. This satisfaction was reinforced by the lesson observations undertaken by the Panel.
7. Professionalism is reported to be embedded into the Programme from day one of teaching. Reference to expected professional standards is explicit within the Student Handbook.
8. The Programme has its own Optometry clinic run by the School and Programme staff.
9. Currently there are over 56,000 patients registered with the Optometry clinic.
10. The Clinic Director explained that it is hoped that the number of registered patients will increase to 60,000 in the near future. The Programme regularly holds patient recruitment campaigns through advertising in the local media.

11. The Panel was informed that peer-to-peer learning between second and third year students is actively promoted. The aim of this is to encourage independent study and practical skill development.
12. The Panel was informed by students that they are satisfied with the level of pastoral support provided by the Programme.
13. Tutors are available by email and can be booked for individual face-to-face sessions. Some students described their tutors as going above and beyond what was expected of them.
14. Promotion of Inter-Professional Education (IPE) is a priority for the College. It is felt that students from all programmes offered by the College would benefit from working closer together.
15. It is hoped this will foster an improved understanding of the different medical disciplines in post-qualification practice.
16. The Programme Team suggested that one of Cardiff University's unique selling points is the large number of medical and medical-related programmes offered.
17. The Panel was informed that the Programme Lead meets with student representatives at least once a semester as part of the Staff-Student Panel, and discusses a wide range of topics relating to the Programme.
18. The Panel was informed that there are currently student representatives for each year of the Programme and that students feel comfortable enough to raise concerns either directly to staff, or via their student representative.
19. Students reported that they prefer to speak with supervisors and tutors in person rather than via email.
20. As part of a University-wide policy, the Programme has recently introduced a system called 'Panopto' on a pilot basis.
21. Panopto is an electronic system designed to record lectures and make them available for students to view anywhere there is an internet connection.
22. The software allows for presentations to be integrated into the video stream, meaning that students viewing the video will see exactly what was on the lecture screen at the time of recording.
23. Panopto is integrated into the Programme's Virtual Learning Environment (VLE) known as Learning Central. Panopto has advanced speech recognition software, allowing key words to be searchable for enhanced accessibility.
24. Currently all lectures are being recorded but it is up to the individual lecturer whether these are uploaded to the VLE.
25. Currently 50-60% of lecturers choose to upload their lectures, but it is expected that this will increase over time.

26. Some staff have voiced concerns about the introduction of Panopto, fearing that it will ultimately lead to reduced lecture attendance rates.
27. A member of staff explained that utilising recorded lectures has changed the way that lecturers use the timetabled student lecture time. The staff member explained that by allowing students to review the lecture materials online in advance, it provided more time for group discussion and encouraged students to prepare for the session in more detail.
28. Concerns were raised about teaching staff becoming dependent on the electronic system and not updating their materials as often as required, and also about students' work load where they are reviewing the material beforehand.
29. Overall, it was felt that recorded lectures are a good backup device, and a useful tool to facilitate some preparation and revision, but should not replace actual lectures.
30. So far there has been a small drop in attendance to lectures where the lecture has been made available via Learning Central, this will be monitored by the Programme Team.
31. However, no formal analysis has been carried out regarding student attendance at lectures where recorded lectures are available on Learning Central.
32. Students have requested that more recorded lectures are made available on Learning Central.
33. Learning Central contains all module content for the academic year and students are given access to this once they have enrolled into their year of study.
34. Module content is updated throughout the year, and students are notified via email once new or updated material is made available, such as recorded lectures.
35. Learning Central also features online discussion boards, which are monitored by Programme staff. Staff can answer questions posed by students and fellow students can respond.
36. It was suggested by Programme staff and students that this provides an effective communication platform and creates a good peer-to-peer learning environment.

6 Student Assessment

1. The Panel was satisfied, based on documentary and verbal evidence, that students are assessed via a range of methods appropriate to the Programme.
2. Most modules have exam, coursework and practical components that contribute towards a final mark.
3. The Panel noted that since the last GOC Visit, the number of first class honours degrees had decreased, the number of 2:1 degrees had remained steady, and the number of 2:2 degrees had increased.
4. The Programme team explained to the Panel that, although there has been a shift in the degree classifications awarded, the Programme is still producing high calibre graduates.

5. It was noted by the Panel that Programme graduates consistently pass their Objective Structured Clinical Examination (OSCEs) at the first attempt, and at a higher rate than those graduating from other institutions.
6. In 2016, 92% of the Programme graduates passed their OSCE first time, whereas the UK average was 72%.
7. Staff informed the Panel that students' mathematical ability remains a concern. Resits for modules where mathematics is a key component remain higher than average.
8. Most students have a solid understanding of the basic mathematics required for the Programme. However, some students find it hard to transfer these skills to optometric mathematics.
9. To provide extra support to students, the Programme promotes remedial mathematics sessions as part of the University-wide programmes offered to students. In addition, study skills sessions are offered to students and are integrated into the Programme.
10. The Panel was informed that the Programme has invested in a new student electronic recording system called Meditrek.
11. Meditrek is a Medical Education Management System and is currently being used to record students' Primary Care and Contact Lens clinic performance and logging of patient episodes.
12. Special Assessment, Binocular Vision, Orthoptics, Low Vision, UHW Paediatric, Dispensing and Grand Rounds are still manually recorded and signed off via student logbooks.
13. The Panel undertook a sample audit of eight student logbooks across all clinic types. It was noted that there was a small variation between the electronic patient records (Meditrek) and the manual logbooks.
14. Despite this small variation between data sources, the Panel was assured that an audited student sample had met the minimum number of patient episodes required by the GOC.
15. It was suggested by the Programme team that once the minimum number of patient episodes had been signed off manually in the logbooks, students may not always continue to record them, but the supervisors do continue to record the episodes on the electronic systems. This may create a small variation between the two records.
16. The Panel noted that the Meditrek system is robust because there is a three-step auditable process involved.
17. Firstly, the patient's initials, Meditrek tracking number, examination date, supervisor name and student name are entered in the system by the Clinic Manager at the start of the clinic, before the patient episode is complete, creating a blank record.
18. Secondly, at the end of the patient episode, supervisors are required to complete the record thereby providing students with feedback and marks.
19. Thirdly, the Meditrek record is checked for completeness by the Clinic Manager at the end of each session.

20. The electronic system means that the Programme staff are able to conduct an audit any time of the year and track student progression. Any errors or omissions are chased up with individual supervisors.
21. Some supervisors complete the episodes while in clinic, via a portable electronic device such as an iPad, whereas others complete the paper record and input this onto the system within 24 hours.
22. Students are able to access their own records on Meditrek in 'read only' mode via a secure login. Students cannot edit the records but are able to write their reflection on the patient experience.
23. The Panel noted that students primarily reflect on their patient episodes in their paper-based logbook.
24. Overall, the Meditrek system has been well received by students and staff. It was acknowledged by the Programme team that there are limitations regarding the computer literacy of some supervisors, but that continued support and training is offered.
25. It was noted during the audit of the Dispensing Optics (DO) logbooks that a large percentage of the sample did not contain adequate student reflection. Furthermore, there was no evidence provided by supervisors to substantiate above average marks noted in a large number of the audited sample.
26. The Panel noted that there has been a small number of incidents of student plagiarism. These were dealt with swiftly and fairly by the School.
27. Staff members explained that they felt a majority of the plagiarism incidents were not intentional.
28. There is a specific team within the School that deals with plagiarism. If plagiarism is suspected and/or detected, the practice coordinator creates a report that is submitted to the Chair of the Examination Board.
29. Students are informed of the suspected plagiarism and have the right to make representations before the examining board reach a decision.
30. Overall, despite some minor instances of plagiarism, the staff felt there are the appropriate arrangements in place in order to deal with these instances as and when they arise.
31. This view was echoed by the External Examiners who cited that written coursework is able to be assessed for plagiarism using the "Turnitin" computer software.
32. Students can access 'avoiding plagiarism' tutorials and other resources via the Study Skills section of the University Intranet.
33. The Panel noted that, since 2014, 10% of all exam papers is double marked including those at the borderline (10% either side of the pass mark) and failures.

7 Monitoring and Evaluation

1. The Panel reviewed examples of SMT Programme Meeting minutes, School Policies and Procedures, Minutes of Exam Boards, internal yearly reviews, and contracts with external placements. The Panel was satisfied that these met the robust internal quality assurance processes expected by the GOC.
2. There are currently two External Examiners appointed to the Programme who are qualified and registered Optometrists and possess significant experience within higher education.
3. The External Examiners comment on draft examination papers and assessments, report on the structure, content, academic standards and teaching of the Programme, and audit student logbooks.
4. One External Examiner was appointed in 2016/17 whilst the other's contract is due to expire this year (2017/18). This contract was extended by an extra year in order to ensure there is a two-year period of consistency.
5. The Panel reviewed the Programme's External Examiner reports from 2013/14 – 2016/17.
6. The External Examiners' comments regarding the Programme structure, academic standards and the assessment process were all generally positive.
7. The External Examiners commented in their reports that the Programme meets all GOC regulatory requirements.
8. Upon receipt of the External Examiner's report, the Chair of the Examination Board prepares a response to any issues raised, which is submitted to the University within 20 working days. The University Registrar then provides this response to the External Examiner.
9. During the Panel's telephone call with one of the External Examiners, it was reported that the Programme responds to the reports in a timely fashion, and usually with a robust plan of action to address any identified issue(s).
10. The Programme SMT stated that External Examiners receive a full induction when they start their contract. This was confirmed by the External Examiner, who stated she had received a hard copy of induction materials prior to starting the role.
11. The External Examiners commented that there are clear lines of communication within the Programme team.
12. It was noted that the most recent External Examiner reports highlighted some concerns around student plagiarism.
13. The Programme offered reassurances to the External Examiners that matters involving plagiarism were being dealt with appropriately.
14. A separate piece of work is due to be undertaken before the end of the year by the Programme SMT in relation to plagiarism. This piece of work will be reported back to the External Examiners to comment on.

15. Another issue identified by External Examiners was the difference between the final year assessments. Projects can be undertaken by final year students in place of the standard dissertation. However, there is significant variation between the two in terms of format and assessment.
16. Project reports are required to be 4,000 words in length, and dissertations are limited to 6,000 words in length. One External Examiner suggested that the same word count should be applied to both, with perhaps 10% flexibility.
17. The Programme SMT is looking to standardise the project assessment and dissertation marking structure.
18. It was accepted by the External Examiners that, although they are given access to student logbooks, due to time constraints, it is not always possible to scrutinise these and provide feedback.
19. Regarding tutorials and pastoral support, students strongly prefer to speak to supervisors and tutors in person.
20. Students meet with their tutor at least once a term and each tutor is allocated approximately five students in each year of the Programme.
21. Personal tutors are the primary point of contact where module leaders have academic concerns with individual students.
22. The Panel was given a tour of Learning Central by the technical support staff, and was impressed at the detail and interactivity the system provides for students.
23. There is a University-wide policy whereby all programme material on Learning Central is required to be deleted approximately every three years.
24. This policy is to ensure that learning material does not become obsolete and encourages programmes to update their electronic materials. The Optometry Programme has just undertaken this exercise.
25. All modules are required to be passed in order to progress from one stage of the programme to the next. The minimum pass mark is 40%. Almost all modules have coursework credits, which may be based upon a single component or multiple components.
26. The required pass mark of 40% does not supersede the GOC requirement of a 2:2 degree to be able to enter the Scheme for Registration.
27. The Pro-Vice Chancellor (PVC) explained that the National Student Survey (NSS) results for last year (2016/17) were low, but that this appeared to be a University-wide issue.
28. The PVC assured the Panel that the University and the School are working hard to identify the underlying reasons for the low NSS result.

8 Accommodation and Resources

1. The School of Optometry and Vision Sciences was opened in 2007 and is situated in its own purpose-built £20m premises on the University's Maindy Park campus.
2. Bristol Eye Hospital and the University are currently renegotiating their financing contract for the provision of placements to meet the GOC's requirements of student's experience of abnormal ocular conditions and the hospital eye service.
3. It was noted by the Panel that this type of contract review is normal practice and the University, specifically the College, has a good and longstanding relationship with the Hospital.
4. In the event of any risks or unforeseen pressures being identified, the Programme could approach University Hospital of Wales for placements.
5. Student satisfaction with the hospital placements at Bristol Eye Hospital remains high.
6. It was noted that students observe a wide range of ocular diseases and the overall experience is positive and informative.
7. Supervisors and staff, regardless of their contractual hours, are subject to the same appraisal process, the Personal Development Review (PDR).
8. Since the last GOC visit, nine new staff members have been appointed and nine promotions have been awarded. The Programme views this latter point as an achievement, demonstrating how the School fosters talent internally and promotes from within.
9. Staff reported career development is good, with the University and the College running a mentorship programme in conjunction with senior staff from other schools.
10. Teaching staff are managed within two key development pathways: 'Teaching and Scholarship' or 'Teaching and Research'.
11. Staff were asked about their capacity and workload. A number of staff expressed concerns around the increase in students resitting modules and the overall number of students on the Programme.
12. Previously student numbers were held at around 80 per year, however student numbers are around 105 per year, including resits.
13. Staff were not clear as to why there has been an increase in the number of students resitting modules, and no pattern has been identified for any particular module.
14. Looking at the issue of resits from an 'outcome focused' teaching model, students perform very well in their OSCEs.
15. Academic staff suggested that they would be very concerned if the Programme student numbers, including retakes, increased any further.
16. The academic staff judged that, at the current student numbers, clinics and classes are now at full capacity.

17. Staff reported that the administrative support for the Programme is good, but that the Programme could always use more support staff.
18. As the School is relatively small, academic staff are required to undertake a proportion of administrative tasks themselves, such as exam processing.
19. The Panel had a meeting with the Pro-Vice Chancellor (PVC) who explained that the University as a whole is in a good financial position.
20. The University is expected to see a narrowing between income and expenditure over the next academic year but has a good level of financial reserves that should meet any budgetary shortfalls.
21. The School of Optometry is one of eight schools that sit within the College of Biomedical and Life Sciences.
22. The PVC suggested that, during the next academic year, there may be a financial impact on the University resulting from the 'Diamond Review', under which some tuition fees may be changed to maintenance grants. The impact is not expected to be significant and should not have an effect on the Programme.
23. The PVC informed the Panel that the University is undertaking a 'size and shape' review regarding undergraduate and postgraduate provision, with the aim of increasing postgraduate provision. Again, this is not expected to affect the Programme.
24. The PVC explained that the Optometry Programme is long-established at Cardiff University and is highly respected. The School is recognised as high performing, in terms of both teaching and research.
25. If the Programme required additional teaching space, a business case would have to be presented by the Programme SMT, but the PVC believes that the School is well resourced in terms of space. The current capacity is 105 – 110.
26. The PVC is not currently proposing to the University to expand student numbers on the core healthcare programmes, including Optometry.
27. The Panel queried whether the PVC or SMT had identified any key risks during the recent strategic review. The PVC explained that risk had not been looked at in detail for the Optometry Programme specifically, but that the University is aware, as with any placement-based programme, of the issues that can arise from clinical placement resourcing.
28. The Eye Clinic has had two budget reviews since opening and it has reportedly taken longer to break even. Since the Eye Clinic is a recognised educational resource, it is not expected to be making a significant profit and as such there no pressure to sell services / products and turn a profit.
29. The PVC stated that the recording of lectures is a University-wide policy, and that the University has invested a significant amount of money into this resource.

30. Feedback from other programmes that record and upload 100% of their lectures has been positive. These programmes are now leading the discussion on the better use of student contact time through “non-lecture student formats”, such as workshops and seminars.
31. The PVC assured the Panel that centralising the admissions systems to University level will not significantly impact the Programme.
32. The Panel was reassured by the PVC that the central admissions department will ensure that the final decision on the selection of any given student will be the responsibility of the Admissions Tutors within the School.

9 Professional Requirements

1. Supervisors are provided with Programme-specific guidance on what is classified as a ‘safe’ and an ‘unsafe’ episode. This information is also included in the detailed Supervisor’s Handbook, which is available to all supervisors.
2. Examples are provided to students as to what constitutes ‘safe’ and ‘unsafe’ episodes at the start of the Programme, and there are posters within the clinic spaces detailing these requirements.
3. Students in their second and third year of study had a good understanding of what the Core Competencies entailed.
4. The current second and third year students reported that they have a good understanding of the difference between the ‘ability to do’ and ‘understanding of’ aspects of the Core Competencies.
5. This level of understanding was limited for first year students, but it was noted that these students would have only been on the Programme for just over a month at the time of the Visit.
6. The Ophthalmologist member of the Panel audited a sample of the hospital logbooks and observed that most were complete and that the level of ocular disease encountered was appropriate for student optometrists.
7. Supervisors are encouraged to peer review their marking. This has previously been an informal arrangement; however, prior to the Programme starting this year, supervisors held a formal meeting to discuss the standardisation and benchmarking of clinic marking.
8. All supervisors confirmed that they had received induction training on the Meditrek system.
9. It is the responsibility of GOC-registered staff to keep their own CET up to date.
10. The Panel was satisfied that the mapping of Core Competencies is appropriate and that the modules meet the requirements detailed by the GOC at Stage 1.
11. During the assessment of patient episodes, students are usually given a second chance to identify an issue or areas of weakness (if required). The supervisor will not identify the issue but

invite the student to re-examine the patient. Should the student successfully rectify any areas of weakness, the episode can then still be classed as “safe”.

12. If the student examines a patient and misses a sight- or life-threatening condition, then this is automatically classified as an unsafe episode and recorded appropriately.
13. Staff reported that students do not usually see the same patient more than once. Patients are currently scheduled four weeks in advance of their appointment, and the Clinic also sends out SMS reminders. This ensures that late cancellations are relatively rare.
14. Clinic staff reported that they can use the IT system to ensure that students are not seeing the same patient more than once.
15. Students reportedly see reportedly see patients with a diverse range of ages and ocular diseases during clinics.
16. Unfortunately, the Ophthalmologist member of the Panel could not attend Bristol Eye Hospital in person, for logistical and scheduling reasons, but conducted a telephone discussion with Dr. Paul Spry and Kate Powell on 12 October 2017.
17. Hospital placements are organised by Prof. Rachel North, who liaises with Dr Paul Spry and Kate Powell at the Hospital.
18. Students currently attend 2.5 days at Bristol Eye Hospital as part of their Grand Rounds. Student satisfaction for the placement remains high.
19. The Panel was informed that hospital placements are split into two groups, with the first group starting on Monday mornings, and the second group starting at midday on Wednesdays.
20. Each final year student attends the Hospital for five sessions (totalling 2.5 days). A maximum of 16 students attend each day, arranged as eight groups of two students.
21. Students are supervised whilst on placement and have a member of staff with them at all times.
22. The clinics attended by students include general outpatients, casualty, glaucoma shared care, operating theatre / surgery, orthoptics and refraction episodes.
23. No concerns were raised about the current hospital provision for students, or student conduct whilst on placement.

11 DEFINITIONS

For the purpose of this document, the following terms used throughout this report are defined as follows:

GOC: General Optical Council

University: Cardiff University

College: College of Biomedical and Life Sciences

School: School of Optometry and Vision Sciences

Panel: All members of the visiting Panel representing the General Optical Council.

Programme(s): Unless otherwise specified, this refers to the BSc in Optometry

SMT*: Senior members of staff such as programme leads, heads of department, decision makers and budget holders who are responsible for managing the programme(s).

Programme Staff: Staff involved in the delivery of the programme that were interviewed by the Panel.

Supervisors/Employers: Qualified/Registered Dispensing Opticians, Contact Lens Opticians and Optometrists who supervise students whilst they are working in practice.

External Examiner/Examiner: Examiner(s) contracted by the College/University for the purposes of ensuring quality control of programme content.

* Head of Department, Programme Lead and Principal Lecturers.

Appendix 1 - GOC Visit Agenda

GOC Visit Day 1

Time	Activity and Location	Attendee(s)
8:45 – 9:00	Arrival of GOC visitors <i>Board Room</i>	
9:00 – 10:00	Programme overview / Meeting with SMT <i>Board Room</i>	Prof Marcela Votruba (Head of School) Prof David Whitaker (Director of Learning & Teaching)
10:00 – 10:45	Tour of facilities	Prof David Whitaker (Director of Learning & Teaching) Dr Katharine Evans (Director of Clinics)
10:30 – 12:30	Opportunity for teaching observation	
10:45 – 12:00	Private meeting (review documentation) <i>Board Room</i>	
12:00 – 12:30	Meeting with Admissions Tutors <i>Board Room</i>	Professor John Wild Dr Jennifer Acton
12:30 – 13:00	Private working lunch <i>Board Room</i>	
13:00 – 13:30	Meeting with 1 st and 2 nd year students <i>Room 1.07/1.08</i>	
13:30 – 14:00	Meeting with clinic supervisors and clinic staff <i>Room 1.07/1.08</i>	
14:00 – 15:30	Private meeting (review documentation) <i>Board Room</i>	
14:00 – 15:30	Opportunity for teaching observation	
14:30 – 15:00	Meeting with 3 rd year students	
15:30 – 16:15	Meeting with academic staff <i>CERF facility</i>	
16:15 – 16:30	Private meeting <i>Board Room</i>	
16.30-17.00	Conference call with external examiners <i>Board Room</i>	
17:15	Visitors depart	

GOC Visit Day 2

Time	Activity	Attendee(s)
08:45 – 09:00	Arrival of GOC visitors <i>Board Room</i>	
09:00 – 09:30	Meeting with the Pro-Vice Chancellor and Dean and the BLS Dean of Education & Students <i>Board Room</i>	
09:30 – 12:00	Opportunity for teaching observation	
09:30 – 12:00	Private meeting (review documentation) <i>Board Room</i>	
10:00 – 10:30	Conference call with hospital representative	Prof Rachel North
12:00 – 13:00	Private working lunch <i>Board Room</i>	
13:00 – 15:30	Panel consideration and drafting report headlines	
15:30 – 16:00	Feedback to Programme	Prof Marcela Votruba (Head of School) Prof David Whitaker (Director of Learning & Teaching) Dr Katharine Evans (Director of Clinics)
16:00	Visitors depart	