Teesside University
GOC PROVISIONAL APPROVAL QUALITY ASSURANCE VISIT
BSc (Hons) Clinical Optometry
7 & 8 February 2023

Report confirmed by GOC	12.04.23

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PART 1 – VISIT DETAILS

1.2 Programme details	
Programme title	BSc (Hons) Clinical Optometry
Programme description	• The BSc (Hons) Clinical Optometry programme is a three-year, full-time programme that adheres to the standard academic year. • Teesside University delivers the theory element of the route to registration including all stage one competencies. • Upon successful completion of the programme students can progress onto the Scheme for Registration delivered by the College of Optometrists (CoO). The CoO is responsible for the clinical placement, all stage two competencies and the qualifying examinations.
Current approval status	Provisionally approved (PA)
Approved student numbers	2022/23:12 for year 1 cohort. 2023/24: 24 for year 1 cohort

1.3 GOC Education Visitor Panel (EVP)	
Chair	Carl Stychin – Lay Chair
Visitors	Alan Kershaw – Lay Member Pam McClean – Optometrist / Independent Prescribing Optometrist Brendan Barrett – Optometrist Mark Chatham – Dispensing Optician / Contact Lens Optician
GOC representative	Georgina Carter – Approval and Quality Assurance Officer
Observers	N/A

1.4 Purpose of the visit	
Visit type	PROVISIONAL APPROVAL QUALITY ASSURANCE VISIT

The purpose of this provisional approval quality assurance revisit was to review:

1. Teesside University's (University) BSc (Hons) Clinical Optometry programme (programme) against the requirements, as listed in the *GOC's Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry 2015* (handbook) and the *GOC Education A&QA-Supplementary Document-List of Requirements* (list of requirements).
2. The status of the outstanding condition set at the provisional approval quality assurance revisit in July 2020.

The visit took place in person.

1.5 Programme history

Date	Event type	Overview
05/04/2022-07/04/2022	Visit	A provisional approval quality assurance visit was carried out. The panel recommended to the GOC executive that: • The programme remained subject to a SCR. • 12 requirements were deemed unmet. • 6 new conditions were set. • 3 new recommendations were offered. Due to time constraints the University was asked to submit supporting evidence for the conditions prior to the report being ratified.
30/06/2022	Readiness to Start Meeting	A readiness to start meeting was held with the University. The University provided an update on the programme and the outstanding conditions (from July 2020). • The programme was deemed ready to start in September 2022 with a cohort of 12. • The programme remained subject to the SCR process. • The programme remained under provisional approval.
23/08/2022	Event	The University informed the GOC that they may be recruiting 13, rather than 12, students for the first cohort commencing in September 2022. This is less than 12 (+10%) so was not deemed a risk by the GOC.
09/09/2022	Support and Progress meeting	A support and progress meeting was held with the University. The University provided an update on the programme and the outstanding conditions (from July 2020 and April 2022).
02/11/2022	Administration	A provisional approval quality assurance visit was scheduled for 7 & 8 February 2023.
25/01/2023	Other	Following an internal review, the SCR status of the programme was removed. • One condition from both the July 2020 and April 2022 visit remained unmet, which was reviewed at the February 2023 provisional approval visit.

PART 2 – VISIT SUMMARY

2.1 Visit outcomes

The Panel recommended that provisional approval for Teesside University's BSc (Hons) Clinical Optometry programme should continue. The panel set one new condition, with four requirements deemed unmet, and offered six recommendations. The panel were pleased to see the progress made to launch the programme and recognises that the team are in the process of developing the qualification in line with the GOC's new Education and Training Requirements (ETRs).

Summary of recommendations to the GOC

Previous conditions – met/unmet	The panel recommends that: • the open condition set at the July 2020 provisional approval quality assurance visit is **MET**. Details regarding the previous conditions and recommendations are set out in sections **2.2 & 2.3**
New conditions	**Four** requirements were deemed **UNMET** and therefore **one** condition is set. Details regarding the condition is set out in **Part 3.**
New recommendations	**Six** recommendations are offered. Details regarding the recommendation is set out in **Part 3.**
Commendations	**One** commendation is offered. Details regarding the commendations are set out in **Part 3.**
Actual student numbers	2022/23: • Year 1 – 11 • Year 2 – N/A • Year 3 – N/A
Next QA visit	The next visit will take place in February 2024, in line with the GOC's provisional approval quality assurance process.
Factors to consider when scheduling next visit e.g. when students are in, hospital, audit etc.	The visit should be scheduled to factor in: • time to speak to students from all cohorts. • time to speak to external examiners. • the implementation of the GOC's new Education and Training Requirement's (ETRs).

2.2 Previous conditions
The conditions listed below are extracted from the report of 10 December 2020 and 21 September 2022

Requirement number	Condition number and description	Status
OP1 OP1.2 OP4.1	**Condition 3 (July 2020):** The programme team must submit the completed programme materials for year	**This condition was deemed MET on 4 January 2023.**

OP4.3 OP6.3 OP6.6 OP7.1	1/semester 2 at least two calendar months before the start of the semester two.	
	Condition 6 (July 2020): Documentation submitted must evidence that the assessment method is suitable for the learning outcomes being assessed. Action: The University must submit the completed assessment materials for year 1/semester 1. These must have completed all necessary internal governance processes.	**This condition deemed MET as part of this provisional approval quality visit.** • *Following a review of the pre-visit documentation, and discussions had during the visit, the panel agreed that this condition should be deemed MET.*
OP3.6	**Condition 14 (July 2020):** Refresher training must be provided to all the practice placement mentors prior to students commencing placements. Action: The University must submit evidence that confirms all mentors have completed the necessary training (initial and refresher).	**This condition was deemed MET on 7 November 2022.**
N/A	**Condition 15 (July 2020):** Teesside University must not admit students to its BSc (Hons) Clinical Optometry programme (programme) until it is able to satisfy the GOC that the programme adequately meets GOC standards, enabling the GOC to remove this condition.	**This condition was deemed MET on 30 June 2022.** • *The GOC approved the programme to commence in September 2022 with a cohort of 12.*
OP1.9 OP2.2 OP2.4 OP2.5 OP2.6 OP2.8 OP2.9 OP2.11	**Condition 1 (April 2022):** The University must ensure a sufficient, and appropriately skilled and qualified, staffing base is in post, with the capacity, in accordance with the University's academic workload model, to further develop, deliver and review, all aspects of the approved programme, taking into account the number of students enrolled at any point in time.	**This condition was deemed MET on 29 June 2022.** • *The University were asked to confirm once all incoming staff members had started, by 1 September 2022.* • *This action was deemed MET on 31 October 2022.*
	Condition 2 (April 2022): The University must produce a staffing plan that clearly identifies robust recruitment development and contingency plans to support the proactive management of risk that includes: • The current staffing numbers and range. • The proposed staffing numbers for the first year of the programme.	**This condition was deemed MET on 29 June 2022.**

	- How the programme team will be expanded and developed to meet increased student numbers and the needs of the programme. - The contingency action that will be taken in the event that the staffing level drops below the requirements.	
	Condition 3 (April 2022): The University must appoint a programme lead who meets the conditions stipulated in requirement OP2.8.	**This condition was deemed MET on 29 June 2022.**
OP3.3 OP5.11	**Condition 4 (April 2022):** The University must develop and implement more robust governance and contractual arrangements with individual mentors and assessors (rather than the placement providers) that ensure these individuals are appropriately qualified and registered and that they adhere to GOC requirements.	**This condition was deemed MET on 29 June 2022.**
OP4.8	**Condition 5 (April 2022):** The University must provide robust details on the formats and weightings for all year 1 assessments showing how they adhere to this requirement.	**This condition was deemed MET on 4 January 2023.**
OP5.10	**Condition 6 (April 2022):** The University must submit a programme-level risk register that outlines current and potential risks to the programme and details how these will be mitigated.	**This condition was deemed MET on 30 June 2022.**

2.3 Previous recommendations		
The recommendations listed below are extracted from the report of 21 September 2022		
Recommendation	**Description**	**Comments**
Recommendation 1	The panel considers that, as work on the surrogate patient database started in 2019, and the length of time from its start until patients are required is substantial, the programme team should regularly review the database to ensure it contains a sufficient number and range of patients. This should include patients who are young children and patients who have the required specialist pathologies.	The panel continues to encourage that this recommendation be considered, as expressed in recommendation 6 from this visit.
Recommendation 2	The panel notes the high level of multi-disciplinary working within the programme with input from varied professionals from across the optical sector.	The panel recognises the progress made around multi-disciplinary learning opportunities within the programme.

	The panel considers that the level of multi-disciplinary working could be expanded to include other allied professionals from within the University's School of Health and Life Sciences, therefore giving students differing perspectives and learning on issues such as communication, ethics, professionalism, geriatric practice, and infection control procedures etc.	The panel continues to encourage that these opportunities be developed further, as expressed in recommendation 4 from this visit.
Recommendation 3	The University should increase the levels of communication and engagement with the external examiners to ensure they are aware of their remit for both professional and academic elements of the programme. The panel noted that information about the external examiners remit is contained within the external examiners' handbook but conversations with the external examiners indicated only limited engagement between them and the programme team. The panel considered that this area needs to be reinforced.	From discussions with the programme team and external examiners during the visit, the panel was assured that this recommendation had been taken on board.

2.4 Non-applicable requirements

The panel recommends that some requirements be deemed non-applicable to the programme due to the programme's structure and level and the differing, but overlapping, roles and responsibilities of the University and the CoO:

- the University provides the theory aspect of the route to registration including all stage one competencies.
- the CoO is responsible for all stage two competencies and ensuring all the elements of the portfolio are completed under supervision.

OP6.14	Upon completion of the pre-registration placement, the provider must inform the GOC that the student has achieved professional competence at Stage 2 so as to allow them to apply for entry to the GOC Register of Optometrists.
OP6.15	Students must be assessed as competent against each of the Stage 2 GOC Core Competencies.
OP6.16	Students must acquire the minimum amount of patient experience within each patient category (attached in Appendix F).
OP6.17	Students must hold certified portfolios containing a record of both their patient experience and achievement of all core competency elements.
OP6.18	The portfolio must include evidence of how and when each individual element of competence was achieved by the individual student.
OP6.19	The portfolio must contain a case record for each individual patient episode contributing to the minimum requirements.
OP6.20	The portfolio must include evidence of the development of the student's professional judgement through critical thinking and reflection.

2.5 Unable to assess requirements

Due to the stage of the programme the panel was unable to *fully* assess the requirements listed below as the requirements are not currently applicable. These unassessed requirements will be reviewed as part of ongoing quality assurance activity.

OP2.12	The provider must ensure that the patient base is relative to the student cohort size and is of a sufficient volume and range to deliver the required level of experience as specified in the GOC Core Competencies and patient experience requirements.
OP6.1	The provider must have an effective system in place to ensure each student has access to a sufficient range and number of patients under each category of experience.
OP6.2	If difficulty occurs in enabling the student to achieve the required patient experience, the provider must notify the GOC of the proposed alternative learning experience offered to the student to fulfil the requirements.
OP6.8	Students must have been taught and assessed as competent against each of the Stage 1 GOC Core Competencies.
OP6.9	Students must acquire the minimum amount of real patient experience with each patient group as per the competencies and patient experience requirements.
OP6.10	Students must hold certified portfolios containing a record of both their patient experience and achievement of all core competency elements.

PART 3 – CONDITIONS, RECOMMENDATIONS & COMMENDATIONS

Conditions are applied to training and assessment providers if there is evidence that the GOC requirements are not met.	
Recommendations indicate enhancements that can be made to a programme, these may not be directly linked to compliance with GOC requirements.	

3.1 Conditions set at this visit	
The unmet requirements for this visit are set out below along with the conditions that are required to meet the requirements.	
OP2.2 **OP2.4** **OP2.7** **OP2.9**	The programme team must consist of a sufficient number and an appropriate range of staff with the necessary skills, knowledge and experience to deliver the programme effectively and support the student capacity. The adequacy of both the number and range of staff must be justified in the context of the mode of delivery. Staffing levels must be increased proportionately to reflect any increase in the number of students recruited to the programme. There must be a minimum of four full time GOC-registered optometrists in post to include the leadership post.
Condition	The University must ensure a sufficient, and appropriately skilled and qualified, staffing base is in post, with the capacity, in accordance with the University's academic workload model, to further develop, deliver and review, all aspects of the approved programme.
Date due	30th May 2023
Rationale	The University informed the panel that the current staffing level is 2.5 full time equivalents (FTE), with an expectation for 5.5FTE to be in post by the 2023/24 academic year. The panel notes the progress that has been made in increasing staff numbers and the range of experience since the last visit. However, it continues to have the following concerns: - The current staffing level (2.5FTE in post) is not sufficient to meet the listed requirements. - The University has stated that they will be aiming to recruit 24 students for the 2023/24 cohort. The capacity of the current staffing level (2.5FTE) may not be sufficient to meet the needs of all students. - The panel considers that a contingency plan is required for how the programme will be managed and delivered if staffing does not increase from current levels. The panel note that the University are hopeful that posts currently being recruited for will be filled to bring the staffing level up to at least 4.5 FTE equivalent. To ensure the above concerns are mitigated, the panel request an update on this recruitment process.

	If the 4.0FTE equivalent staffing level is not met by the deadline, evidence provided in line with this condition should include information about how the needs of students will be met for the 2023/24 academic year, and any other relevant contingency plans.

3.2 Recommendations offered at this visit
The EVP offers the following recommendations to the provider.

A2.1 A2.3	Providers must demonstrate a commitment to widening participation and make appropriate arrangements for students with different needs, including the arrangements for assisting the induction of outcomes for overseas students and for students with disabilities. Providers must fulfil their duties in assessing and managing reasonable adjustments for prospective and actual students.
Recommendation 1	To continue to consider the financial barriers and support available for students to join or continue with the programme.
Rationale	Conversations with students noted that travel expenses incurred as a result of getting to and from placements could be considered as a barrier to students. The panel were pleased to see that Teesside is actively engaging in conversations surrounding travel costs, and that advertising of the programme and within the placement handbook accurately described the financial obligations of students. From a widening participation and access perspective, the panel recommends that Teesside continue to consider any actions or policies that could support students to join the programme and/or continue with their studies.

OP1.5	Teaching and learning must incorporate a range of contemporary practices relevant to the needs of the discipline, the needs of students (incorporating new developments in educational technology) and to the future demands of primary and secondary healthcare.
Recommendation 2	To consider appraising areas of potential academic weaknesses amongst students and respond with remedial teaching.
Rationale	It was noted in conversations with both students and the programme team that students did not feel academically prepared for the Geometric Optics module which takes place in the first year of study. Students highlighted that it would be beneficial to have a physics and/or maths specialist to provide additional support on the module. As such, the panel encourages the programme team to appraise areas of potential academic weaknesses amongst students and respond with remedial teaching to ensure that students have a sufficient foundation of knowledge to enable success on the programme.

OP1.5 OP1.6 OP2.12	Teaching and learning must incorporate a range of contemporary practices relevant to the needs of the discipline, the needs of students (incorporating new developments in educational technology) and to the future demands of primary and secondary healthcare.
	Students must have access to opportunities for multi-disciplinary learning and to understand their role within the wider healthcare team.
	The provider must ensure that the patient base is relative to the student cohort size and is of a sufficient volume and range to deliver the required level of experience as specified in the GOC Core Competencies and patient experience requirements.
Recommendation 3	To attempt to further diversify the range of placement providers currently working with the University.
Rationale	Following discussions from the visit, it was established that 74% of placement providers belonged to one of the large multiples in the UK. As such, the panel encourages the programme team to expand the range of practices who are involved in the offering of placements to students on the current programme to include different multiples and other settings.
	It is hoped that this would broaden and enrich students' experience and contextualise the different eyecare delivery models and organisations.

OP1.6	Students must have access to opportunities for multi-disciplinary learning and to understand their role within the wider healthcare team.
Recommendation 4	To continue to develop opportunities for multi-disciplinary teaching and learning on the programme.
Rationale	As highlighted in section 2.3. the panel recognises the progress made around multi-disciplinary learning opportunities within the programme.
	Following conversations at this visit, the panel continues to encourage that the level of multi-disciplinary working is expanded to include other allied professionals from within the University's School of Health and Life Sciences. The panel were encouraged to hear that the programme team were having conversations with the Midwifery and Chiropractic departments, to integrate aspects of learning and teaching. The panel encourages the programme team to push forward with these plans.

OP5.5	The provider must ensure that the external examiners are, within a reasonable timeframe, provided with a response to their reports, detailing any actions to be taken.
Recommendation 5	To ensure external examiners are given the opportunity to visit the provider to engage directly with staff and students on the programme.
Rationale	Following discussions during the visit, it was established that the external examiners had not yet and the opportunity to visit the provider, which is believed to be beneficial to relationships between external examiners and programme teams. As such, the panel

	encourages the programme team to facilitate the external examiners being able to visit the provider in-person. The panel hopes that this would enable the external examiners to engage directly with the staff and students involved with the programme and increase opportunities for them to build good relationships with the team.

OP6.1	The provider must have an effective system in place to ensure each student has access to a sufficient range and number of patients under each category of experience.
Recommendation 6	To regularly review the database to ensure it contains a sufficient number and range of patients.
Rationale	It was noted that there had been little contact with the surrogate patient base since they were recruited in 2019. As work on the surrogate patient database started in 2019, and because the length of time from its start until patients are required is substantial, the panel encourages the team to contact those in the database to ensure that they are still able/want to be involved, and to continue progressing with additional recruitment where necessary.

3.3 Commendations made at this visit

The panel were pleased to see the progress made to launch the programme and recognises that the team are in the process of developing the qualification in line with the GOC's new Education and Training Requirements (ETRs).