

COUNCIL

Review of Optometry Accreditation Handbook

Meeting: 29 July 2015

Status: for decision

Project sponsor: Alistair Bridge (Director of Strategy)

Council Champion: N/A

Project director: Linda Ford (Head of Education and Standards)

Project manager: Jenna Quinn (Education Manager) **Project Board:** SMT

Purpose

1. To allow Council to **consider** and **approve** revisions to the Handbook for the Accreditation and Quality Assurance of Routes to Registration for Optometry ('Accreditation Handbook for Optometry') that are designed to clarify existing requirements and improve the governance of the process for accrediting new courses.
2. This paper should be read in conjunction with the mapping document attached at Annex 2. The purpose of this document is to explain the nature of and rationale for each proposed amendment and capture the feedback received from key stakeholder groups.

Recommendations

3. It is recommended Council **consider** and **approve** the amendments to the Accreditation Handbook for Optometry. In particular:
 - 3.1 amendments to make existing requirements clearer and more focused on outcomes;
 - 3.2 a change in process for accreditation of new programmes with a visitor panel rather than the Education Committee conducting the visits and the Committee focusing on its scrutiny and assurance role;
 - 3.3 the introduction of the role of vice-chair of the visitor panel; with this role being filled by a registrant in order to support the lay chair during visits and ensure that feedback to providers is clearly underpinned by professional knowledge and clinical expertise;
 - 3.4 the introduction of appraisal documents to capture critical information prior to visits:

- 3.4.1 the course appraisal introduced to enable self-evaluation of the programme by the provider's course team
- 3.4.2 the student appraisal introduced to capture more detailed student feedback prior to visits, and strengthen student involvement in quality assurance.

Strategic objective

- 4. This Business Plan project supports the following Strategic Aims:
 - 4.1 **Higher standards** – promoting higher standards across the optical professions.
 - 4.2 **Increased trust and awareness** – promoting public trust in the professions, and enabling the public to make informed decisions about optical care and raise any concerns.
 - 4.3 **Better service delivery** – delivering high quality services to the public and the professions.

Risks

- 5. The following risks are identified in the education and standards risk register:
 - 5.1 Education providers fail to comply with the standards – two key drivers for needing to update the handbook in the short term and in advance of the wider Education Strategic Review are to ensure:
 - 5.1.1 the standards can be applied to the full range of optometry programmes now available (or being developed), including integrated Masters programmes as well as traditional routes; and
 - 5.1.2 the standards are clear and unambiguous thereby promoting compliance with the standards and greater consistency across education providers;
 - 5.2 Governance – recent accreditation visits have suggested that where a visitor panel drawn from the Education Committee itself conducts accreditation visits for new programmes or qualifications this can make it more difficult for the Committee to perform its scrutiny function. The amendments to the Handbook address this risk by providing for a visitor panel drawn from our independent panel of education visitors to conduct all accreditation visits.
 - 5.3 Consultation – there is a risk that some stakeholders might have expected wider consultation on the new handbook. However, there is no statutory requirement to consult and in developing the revisions we have consulted all key stakeholders (including universities, qualification and pre-registration scheme providers, education visitors and Education Committee) through a series of workshops and surveys. Also, the changes to the handbook are designed to clarify the existing requirements, such as patient experience requirements, and we will consider the need for more significant changes, such as to core competencies or academic

requirements, as part of the Education Strategic Review. On balance, therefore, we consider that the pressing need to clarify the existing requirements means that our informal consultation with key stakeholders is the most proportionate approach.

Background

5. The Opticians Act places a duty on us to set the standards for qualification as an Optometrist or Dispensing Optician and to promote high standards of education and training. It also provides powers to satisfy ourselves of the suitability and standard of education and training and to utilise a panel of educational visitors for this purpose.
6. Under its Scheme of Delegation the Council delegates to the Education Committee responsibility for assuring the standard of education and training. This includes oversight of the following mechanisms used by the Executive to meet our statutory duties as outlined in paragraph 4 above:
 - 6.1 accreditation of new programmes or qualifications;
 - 6.2 quality assurance visits;
 - 6.3 annual monitoring; and
 - 6.4 appointment of an independent panel of education visitors.
7. The standards used to accredit education and training programmes and qualifications, and the policies and procedures relating to the GOC's accreditation and quality assurance activities, are captured in our 'Accreditation Handbook for Optometry'. This handbook was last updated in 2010 to support the introduction of the current Core Competencies.
8. The 2010 handbook is largely input driven, prescribing both what and how optometry providers must deliver their programmes. As a consequence, as new approaches to optometry provision have been developed such as integrated Masters programmes, the handbook has become more difficult to apply.
9. The current handbook does not provide sufficient information about the criteria that the visitor panels currently apply when determining whether the standards have been met, the full range of mechanisms used to capture evidence and the governance processes that support decision making.
10. As a result in the 2015 Business Plan a project was established to update the Optometry Accreditation Handbook in order to ensure it remains fit for purpose to support the ongoing delivery of our accreditation activities.

11. The project scope was limited to updating the handbook to more clearly articulate existing standards and requirements and to fully capture our processes and procedures. It was also designed to ensure more effective governance to support decision-making.
12. The scope did not include a review of the actual standards and requirements (curriculum, core competencies, patient experience or academic requirements) on the understanding these would be addressed through the Standards Strategic Review.
13. At its meeting in May 2015, Council decided to commission as separate Education Strategic Review to explore how the system of optical education and training needs to change in response to a wide range of factors. The Standards Strategic Review will focus on the development and implementation of standards of practice for fully qualified optometrists and dispensing opticians, standards for optical students, and standards for optical businesses.

Analysis

14. In September 2014 we held workshops with training providers and our visitor panel to obtain their feedback on the existing handbook. Their feedback in respect of each amendment is captured in the table at Annex 2.
15. Both groups welcomed the review and recognised the need to update the handbook in the interim to support ongoing accreditation processes prior to a wider review of education and training standards. The visitor panel reported that they found the existing handbook lacking in guidance as to the criteria used to determine whether the standards had been met and insufficiently flexible to be applied to the evolving range of programmes being developed e.g. integrated Masters or register-able degrees. Providers sought more transparency as to the evidence required by the visitor panel to satisfy the requirements and welcomed the proposal to utilise the independent panel for all visits.
16. At a workshop in January 2015, the Education Committee considered this feedback, the lessons learnt from recent experiences of conducting visits, and proposals as to how the handbook would need to be updated to address the issues raised. In particular the Committee explored the challenges of members both conducting visits and providing a scrutiny and decision-making function and recognised the benefits of utilising the independent visitor panel for all visits. The Committee were satisfied this was permitted within the provisions of Sections 12 and 13 of the Opticians Act which provides for them to use visitors to satisfy themselves as to the suitability of education and training leading to

recognised qualifications. The Committee were also supportive of capturing the programme team's reflections and student feedback in advance of visits through appraisal documents (rather than via interview during the visit) to allow more targeted discussion with these groups. The Committee also welcomed the stronger focus on student feedback in line with the expectations of the Professional Standards Authority.

17. Following consideration by the Committee a revised draft of the handbook was developed and together with a consultation questionnaire was issued to all Optometry degree providers, those delivering the scheme for registration and professional qualifying examinations and all members of the independent visitor panel. This process allowed us to identify the impact of the changes and any issues that required further development. In particular this provided greater understanding of how providers were interpreting patient experience requirements differently from the visitor panel.
18. Responses were received from all providers and every member of the visitor panel. These are also summarised in Appendix 2.
19. We held a meeting with the Optometry Schools Council in May 2015 to discuss amendments to the patient experience definitions and other wording changes. The final draft has received their support, they welcomed the increased transparency and clearer articulation of the requirements, and considered the revised handbook will make it easier for them to ensure they are compliant, in particular with the requirement of patient episodes, which have been the cause of conditions and re-visits for many of the providers.
20. At its meeting on 2 July 2015, the Education Committee approved the revised handbook (attached at Appendix 1) as being fit for purpose, having met the objectives set out and addressed all of the issues raised.
21. The Committee therefore recommend that it be adopted by Council for implementation from 1 September 2015 for use until such time as the outcomes of the Education Strategic Review are known.

Impacts

22. The following implications have been identified:
 - 22.1 GOC's reserves – no implications
 - 22.2 GOC budget – workshops to support consultation and implementation have drawn from the education budget.
 - 22.3 Legislation – no implications
 - 22.4 Resources – the project has been resourced from within the Education and Standards Department.

- 22.5 Equality, Diversity and Inclusion – the handbook references our equality and diversity policy and places obligations on providers to capture equality and diversity data and operate systems to support access for minority groups.
- 22.6 Human Rights Act – no implications
- 22.7 Sustainability – the handbook will only be published electronically.

Devolved nations

23. There are no specific issues relating to devolved nations. The Handbook is applicable to all universities including those in Cardiff, Glasgow, Ulster and outside of the UK (Dublin Institute of Technology, Hodgeschool Utrecht, Netherlands and ECOO European Diploma). Representatives from all Optometry Schools have been engaged in the informal consultation process.

Communications

24. Following approval of the revised handbook training workshops will be held with the Visitor Panel and optometry training providers in August to support full implementation by 1 September 2015.

Timeline for future work

25. It is intended that the new handbook will come into effect on 1 September 2015 and will remain in place until the outcomes of the Education Strategic Review.
26. There are three other handbooks containing the standards and procedures used to accredit and quality assure the routes to registration in dispensing, and the specialty qualifications in contact lens and independent prescribing. The 'Routes to Registration for Dispensing Opticians' handbook has been identified as the next priority as a result of an increase in number of re-visits to providers offering dispensing qualifications (this document was last updated in 2011).
27. Work on revising the handbook for dispensing opticians is scheduled to begin in August 2015.

Attachments

- Annex 1 – Draft revised Accreditation Handbook for Optometry.
- Annex 2 – Mapping table showing the nature of and rationale for revisions.



**Accreditation and Quality Assurance Handbook:
Routes to Registration in Optometry**

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Section 1: About Us

1.1 The General Optical Council

We are the regulator for optometry and ophthalmic dispensing in the UK, and have a statutory duty to ensure that individual optometrists, dispensing opticians, businesses and students meet the required standards of conduct, education and performance by:

- promoting and enforcing high standards of education, training and conduct to protect the public, and;
- maintaining a system of registration of those suitably qualified or pursuing qualification as Dispensing Opticians and Optometrists

1.2 Our Legal Framework

The regulation of routes to registration in optometry is underpinned by legislation. Accreditation and Quality Assurance visits take place under powers given in Sections 12 and 13 of the Opticians Act 1989 (as amended 2005) which provide the legal framework within which the GOC operates (attached at Appendix A).

1.3 Using the Handbook

The Handbook is designed to ensure that regulation of education and training is fair, transparent, proportionate, and responsive to the changing demands of the profession. Our approach is evidence-based and focused on the outcomes required to be fit to qualify and register as an optometrist.

All education providers are required to demonstrate how they satisfy our requirements through the accreditation, quality assurance and annual monitoring of their route to registration. The Handbook aims to enable flexibility and innovation in the design and delivery of education and training programmes while maintaining high quality practice and fulfilling the GOC's primary function of protecting the public.

The Handbook will guide:

- *Prospective providers* in the design and delivery of their route to registration by outlining the accreditation process and specifying the GOC requirements for qualification;
- *Approved providers* in the processes of quality assurance and annual monitoring by clearly outlining the GOC requirements for qualification and visit procedures;
- *GOC visitor panels* in their accreditation and quality assurance of routes to registration by clearly outlining the GOC requirements for qualification and visit procedures;

The term provider is used in this document to represent the organisation (university, institution, examining or awarding body) responsible for the overall design, development and delivery of a route or part route to registration that is approved and regulated by the GOC.

The term route to registration is the education and/or training pathway leading to qualification as an optometrist; this may be defined as either a degree programme/qualification and/or scheme for registration.

A full description of terms used in this document is attached at Appendix B; for ease of reference, terms with accompanying definitions have been underlined.

1.4 Routes to Registration in Optometry

We are supportive of the development of new and innovative education models that offer a quality learning experience to the student through a range of pathways leading to registration as an optometrist.

A route to registration will typically comprise the following elements:

Academic study

Completion of a degree level programme with a GOC approved provider.

Practical experience

Achievement of a minimum number of patient episodes covering a specified range of patient types and clinical procedures conducted under close supervision and assessment within a controlled environment, followed by completion of a period of supervised pre-registration training (undertaken in an external placement). The pre-registration placement practical experience can be integrated within the degree programme or completed separately with an alternative GOC approved provider.

Qualifying examinations

Completion of professional examinations testing the GOC Core Competencies and Standards of Practice.

Registration with the GOC

It is a legal requirement that students undertaking training and experience for the purposes of qualifying as an optometrist must be registered with the GOC for the full duration of their studies.

Any training or assessment undertaken without being on the student register will not be recognised by the GOC and cannot contribute to the awarding of a GOC approved qualification.

Following successful achievement of the professional qualification graduates must apply to transfer from the student register on to the fully qualified register in order to practice independently.

Protected title

The award of qualifications using the protected title of optometry is limited to qualifications accredited by the GOC as meeting the professional standards required.

Only students who meet all of the GOC specified requirements (specifically including the achievement of core competencies and patient experience) are entitled to receive an award using the title of optometry.

Students who gain sufficient academic credits to receive a university award but do not meet the professional requirements must receive an alternative award to that approved by the GOC. The alternative award must not use the protected title of optometry.

Section 2: Applying for Accreditation

A provider establishing a new provision (programme or qualification) leading wholly or partly to registration should contact us at the earliest opportunity to discuss and agree a suitable timescale for consideration of the proposal.

2.1 Application for Initial Approval

An application must be submitted a minimum of 12 months prior to the requested date for the first intake of students to be permitted entry to the programme.

The application should outline the provider's intentions for the new provision and state:

- how the requirements of accreditation (as set out in section 4) *will be met* by the proposed route to registration
- the evidence that is currently available to demonstrate that the new provision meets the requirements of accreditation
- the evidence that will be available in the future to demonstrate that the new provision meets the requirements of accreditation

The provider must also include a mapping document that accurately demonstrates which elements of course content map to the relevant core competencies at Stage 1 and/or Stage 2 outlined in Appendix G and Appendix H. The document should indicate how the provider is assured that the student has achieved the stated learning outcomes and required core competencies at each stage of the programme.

The provider must also submit information in relation to:

- the proposed course content, structure and delivery;
- the staffing structure in place to support the provision (including plans for recruitment, staff development, research)
- plans for student intake (recruitment strategy, entry requirements)
- accommodation, facilities and equipment
- the strategic development plan and resource planning (staff, facilities, accommodation)

A checklist of supporting information is attached at Appendix D; we may request further information from the provider prior to the initial visit, if necessary.

N.B

If an existing provider (approved by the GOC) wishes to apply for the approval of a new programme or new form of delivery (i.e. part-time/distance learning mode), this will be subject to the same accreditation process as outlined below.

2.2 Application process

The application will be reviewed firstly by the Head of Education and Standards (GOC), and at this stage it may be referred back to the provider if, on initial review, aspects of the proposal require amendment or further development. The consideration of a submission may take a number of months, however, the process offers an opportunity for the provider to reflect and make improvements following our feedback.

During this period the programme should secure university validation; the Head of Education and Standards will provide the necessary advice and representation to ensure that the validation process reflects the requirements for the programme to be accredited by the GOC.

Once we are satisfied that the submission is in line with the Handbook requirements and university validation is in place, it will be referred to the GOC Education Committee for consideration against the requirements of Provisional Approval.

2.3 Provisional Approval

Provisional approval enables a new programme or qualification to be established in accordance with the application approved by the Education Committee. The Committee will also determine the cohort size and start date of the programme. Provisional approval must be in place prior to advertising the programme and recruiting the first cohort of students. All publicity material must be approved by the GOC prior to advertisement to ensure it accurately articulates the status of the programme as being subject to provisional approval.

Students recruited to a programme with provisional status are not guaranteed entry to the GOC Register and may be required to undertake additional assessment through an alternative approved provider in the event that any aspect of the programme when delivered does not satisfy our requirements. It is the responsibility of the provider to ensure that this is explained in writing to any student recruited to the programme and where applicable explained to their employer and supervisor.

2.3.1 Withdrawal of Provisional Approval

Provisional approval may be withdrawn at any stage if the new provision is not delivered according to the proposal approved or if the required standards for continued approval are not being met. Should provisional approval be withdrawn, the Council will require the provider to make appropriate arrangements to ensure that students attending the course are not disadvantaged. In circumstances where students may require transfer onto an alternative route to registration, the process will be managed by the GOC, however any costs incurred will be the responsibility of the provider.

2.4 Independent Panel Visits

Once provisional approval is granted, the GOC will establish an Independent Panel to conduct a series of visits to the programme in each year to assess its development and delivery. During this period, the Panel will track at least one cohort of students through the full duration of the programme.

The Panel has responsibility for:

- Offering guidance on the accreditation requirements (section 4) and making recommendations on how the provision can be developed to meet the requirements of the Handbook;
- Advising the Education Committee on progress through visit reports;
- Determining an appropriate timescale for the introduction of the new provision

Visits will vary in length (usually between one to two days) and occur at 6-12 months intervals. The panel will focus on specific elements, with a view to reviewing each year of the programme and approving the elements delivered at each stage (such as the course content for each semester, theory and practical assessments, clinical experience and external placements).

The panel will hold meetings with staff involved in the management and delivery of the provision and with students attending the course. In addition, visits may include meetings with the following parties:

- Head of Department and Programme Team
- Students (at all stages in the programme)
- Senior Management (i.e. Dean, Vice Chancellor)
- External Examiners
- Pre-Registration & Hospital Supervisors
- Clinic Manager & Supervisors
- Examiners or Assessors
- Auditors/ Practice Visitors
- Patients / Public
- University Quality Assurance / Governance Teams

The panel will also observe the following activities:

- Clinic sessions
- Lectures or tutorials
- Hospital placements
- Practice placements
- Assessments signing off core competencies or examining professional content (usually mock sessions prior to students being permitted to formally sit the assessments as part of the programme)
- The Virtual Learning Environment (VLE)

2.5 Visit Outcomes

The panel will produce a report after each visit which will be submitted to the Education Committee for consideration and approval. Where changes to the provision are required following visit feedback, provisional approval will remain in place until all changes have been implemented and subject to quality assurance checks.

Consideration of granting full accreditation will only be recommended by the Education Committee to Council once the panel is satisfied that all elements have been delivered to the standards required, and at least one full cohort of students have successfully passed the programme.

The Council may approve a cohort of students to graduate and enter the GOC Register during a period of provisional approval if they are satisfied that the particular cohort has met all of the requirements to be fit to practise (despite further quality assurance checks on the programme being required).

2.5.1 Approved Accreditation

The decision to award full accreditation rests with Council and will be considered following a recommendation from its Education Committee. Once full accreditation is achieved, future graduates will be entitled to apply to enter the GOC Register.

2.5.2 Standing Requirements for Continued Approval

Once a programme has secured approval, it is subject to the Standing Requirements for Continued Approval which apply in all circumstances of accreditation; failure to comply with these requirements will result in a visit to review ongoing accreditation.

The provider must:

1. Submit to the General Optical Council each year an annual monitoring form to include data on student numbers, progression and pass rates, progress against existing conditions and recommendations;
2. Notify the GOC of any planned changes to the structure, delivery, resourcing, staffing and accommodation for each route to registration;
3. Inform the Council of any *planned* changes to the approved* student intake numbers of more than 10%;
4. Ensure that all students undertaking training, assessment or practical experience for the purposes of becoming an Optometrist are registered with the GOC for the duration of their training.

***Approved student intake**

The maximum number of students that may be recruited to a programme is determined by the Education Committee once full approval has been granted.

2.5.3 Annual Monitoring

Annual monitoring is a paper-based, retrospective process that is used to ensure that approved programmes continue to meet the GOC requirements (set out in section 4). The process is also used to establish the actions taken by the provider to respond to the conditions and recommendations given in their most recent GOC visit report.

As part of the process, the provider must report any changes (or proposed changes) to programme structure, content, assessment, staffing, facilities and resourcing. Student progression and achievement data must also be included in the report.

The reports are considered by the Education Committee whose role is to identify any risk factors that may affect a student's ability to meet the requirements set out in the Handbook. Should a serious concern be identified, the Committee may decide that a provider is visited by the GOC panel. In such circumstances, we will explain to the provider, in writing, the issues that have been identified and agree a suitable timeframe for the visit.

Annual reports are also issued to the GOC visitor panel as part of the pre-visit documentation for quality assurance visits. The reports provide the panel with an up-to-date profile of the provider and highlight any changes since the last visit.

Section 3: Quality Assurance (QA) Visits

Our statutory duty to safeguard the protection of the public by ensuring the fitness of new entrants to the Register lies at the heart of the quality assurance process. The GOC Visitor Panel undertake visits to approved providers to assess whether the standard of education and assessment offered gives sufficient assurance that students have achieved the adequate skills and knowledge to practise safely.

Visits take place under powers given by Sections 12 and 13 of the Opticians Act 1989 (amended 2005) and are undertaken on a one to five-year cycle subject to the conditions given in visitor panel reports.

N.B Collaborative arrangements

Where a route to registration is offered collaboratively, the visitor panel will visit all parties involved in the delivery of the programme.

3.1 The Visitor Panel

A visitor panel is allocated to each visit; members of the panel are referred to as visitors. The panel will comprise at least the following:

- Chair
- Two Optometrist Visitors (one to act as Vice-Chair)
- One Dispensing Optician Visitor
- One Ophthalmologist Visitor
- One Educationalist Visitor

A representative of the GOC (usually the Accreditation and Quality Assurance Officer) will attend the visit to provide guidance and support to the visitor panel on the Handbook requirements. The GOC Officer is the first point of contact for the provider and the chair to obtain advice on procedural matters that may arise prior to, during and/or after a visit.

All visitors are trained in the quality assurance visit process and receive on-going training and appraisal throughout their appointment. A Code of Conduct for visitors (and guidance notes for chairs and vice-chairs) are available on request, however an outline of specific responsibilities are summarised below:

The Chair

- will usually be a lay member
- will be independent to the visitor panel and, with the support of the GOC Officer, ensure that
 - procedures as stated in the Handbook are appropriately followed
 - visitors conduct themselves properly and with due courtesy
 - visitors fully consider all evidence provided
- will delegate tasks to members of the visitor panel as required
- is responsible for feeding back the report outcomes to the training provider at the conclusion of visit
- will provide feedback to the GOC on the report after the visit

The Vice-Chair

- will usually be an Optometrist
- will deputise for the chair in extenuating circumstances
- will support the chair in ensuring that GOC procedures are appropriately followed
- will delegate tasks to members of the visitor panel as required

- will contribute to the development of headline recommendations
- will provide feedback to the GOC on the report after the visit

Optometrist, Dispensing Optician, Ophthalmologist

- will work with the visitor panel to consider all evidence and form a consensus view
- will contribute to the development of headline recommendations
- will provide feedback to the GOC on the report after the visit

Educationalist

- will usually be an academic with experience of delivering healthcare education and training
- will work with the visitor panel to consider all evidence and form a consensus view
- will contribute to the development of headline recommendations
- will provide feedback to the GOC on the report after the visit

All members of the visitor panel have an equal voice when making observations to the chair on the evidence given by the provider, however, the panel is concerned only with reaching a consensus view on its recommendations.

The following may observe a visit with prior agreement from the provider:

- Head of Education and Standards (GOC)
- A member of Council (GOC)
- A GOC staff member for work experience

Observers do not participate in the formal business of a visit, and are bound by the same rules of confidentiality as visitor panel members. Separate guidance notes for observers are available on request.

3.1.1 Conflicts of Interest

A conflict of interest may arise when a visitor has an actual or perceived connection with the provider being visited, involvement in the delivery of the route to registration or has direct involvement with a competitor organisation. Visitors must ensure that they are aware of and comply with the requirements contained within the Code of Conduct for Members, Advisers and Visitors relating to conflicts of interests.

Prior to the visit the GOC Officer will propose membership of the visitor panel; if a conflict of interest is identified, the reasons for the conflict will be reviewed by the Head of Education and Standards and consideration will be given to proposing an alternative membership if deemed necessary.

Recommendations made by the Head of Education and Standards regarding panel constitution will be approved by the Education Committee. In the event of a conflict arising within the Committee itself the decision will rest with the Committee Chair.

3.2 Pre-visit documentation

The provider is responsible for sending documentation (a printed copy and digital copy) to the GOC no later than 4 weeks prior to the visit. All documents will be treated as confidential.

The provider is asked to produce a single, concise document in the following format:

- one volume, spiral-bound
- A4 double sided copying

- each page numbered sequentially, with table of contents included

If the information submitted to the panel does not include the key documents outlined in **sections a-h**, we will contact the provider to request the outstanding information.

a) Course appraisal

The course appraisal is an opportunity for the senior staff team to set out their views on the programme/s they deliver. The appraisal should include discussion of key developments since the last visit with regard to:

- changes to course content, structure and delivery
- staffing (key appointments and changes, programme management structure, staff development, research)
- students (an update on student numbers, summary of recruitment and progression statistics)
- accommodation, facilities and equipment
- the strategic development plan for the programme/s
- resource planning for the next 5 years (staff, facilities, accommodation)

b) Student appraisal

The student appraisal is an opportunity for students to set out their views on the course/s they study.

Prior to the visit, we will ask the provider to send us contact details for the student representatives of each year of the programme. The selected students will be issued a student appraisal template questionnaire and accompanying guidance.

The appraisal will enable students to give their views on the following areas:

- the student experience
- course content, structure and delivery
- physical resources (facilities, accommodation, equipment)
- staff contact time
- preparation for practice

This questionnaire should be completed and agreed by a representation of students attending each year of the programme. All students should be given an opportunity to contribute or give feedback on the document. Whilst staff should not be involved in the production of the student appraisal document, they should make efforts to ensure that all students have an awareness of the opportunity to inform the GOC visit process.

The document will remain confidential, however, it is encouraged that students share their appraisal of the course with staff.

c) Mapping of core competencies

A critical part of the quality assurance process is establishing that the route to registration maps adequately to the GOC Core Competency Framework (attached at Appendix G and Appendix H).

The provider should submit a mapping document which comprehensively and accurately demonstrates which elements of course content (and the associated learning outcome) map to the core competency framework at Stage 1 and/or Stage 2.

d) Student timetable

A student timetable for all modes of study for the week of the visit. The visitor panel will select the teaching sessions they wish to observe during the visit.

e) Student portfolio (or logbook) template

A blank version of the student portfolio or logbook. The visitor panel will review students' partially completed and completed records of patient experience during the visit (see section 3.4).

f) External Examiner reports and responses

Copies of all External Examiner reports and the provider's response to these reports are required for the years following the previous GOC visit.

Information should also be given on how the reports are utilised, actions monitored and progress reported.

g) Programme handbook

A copy of the programme handbook (or equivalent) including module descriptors.

h) Additional supporting information (optional)

The provider should consider if any additional information would assist the visitor panel prior to the visit. If further information is included, the provider should give reasons for the inclusion.

3.3 Supporting information (provided during the visit)

The following documentation should be provided (as hard copy or digital version) in the visitor panel meeting room:

- Student handbook
- Course handbook (plus single copy of all course documents for all modes of study)
- Module descriptors
- Clinic handbook (or equivalent)
- Supervisor guidance
- Quality assurance documentation including:
 - internal quality reports and evaluations
 - minutes of staff-student committees/ internal programme committees
 - details of arrangements for internal validation and course review
- Staff CVs and a description of roles
- External Examiner CVs, procedures, guidance and induction information (or equivalent)
- Student survey results, NSS scores
- University policy for widening participation

3.4 Review of portfolios

The review of students' portfolios of patient experience is of critical importance during the visit. All portfolios (and related documentation) should be made available in the visitor panel meeting room for the duration of the visit; the provider should ensure that:

- Each portfolio contains the student's records of patient experience (or logs), and all other work completed by the student that is assessed against the core competency framework
- Patient episodes are clearly categorised into the different types of patient experience outlined in the handbook (attached at Appendix F)
- The visitor panel is provided with a print-out of the total number of real patient episodes for the full cohort of students who attended the final year of the course (the last academic year)

3.5 Practice-based learning

During a visit, the panel will consider any elements of practice-based learning which form part of the route to registration including:

- The effectiveness of supervisor arrangements, and the processes in place to assess the supervisor's suitability, expertise and experience
- The practice environment and resources available to students: facilities, equipment, access to patients/ patient base
- The appropriateness of learning opportunities provided in the period of practice based learning
- Student progression and achievement statistic
- The effectiveness of student support systems

The visitor panel may visit practice placements as part of the visit process, where this is deemed necessary the provider will be asked to supply details of practice placements so that separate arrangements can be made for members of the panel to visit a sample of practices.

3.6 Visitor Panel Meeting Room

A meeting room should be available for the visitor panel to hold private discussions for the full duration of the visit, that is:

- private and lockable
- equipped with a computer and printer
- provided with refreshments for visitors at appropriate breaks during the visit

Students' portfolios should be presented in the meeting room for the visitor panel to review during private sessions. It is also recommended that meetings with key groups of staff (i.e. head of department/course leaders, external examiners and the head of institution) are held in this room, if possible.

3.7 Joint Visits

Where a request is received to conduct a visit jointly with either a third party (e.g. another Regulator or quality assurance agency) or in conjunction with an internal quality assurance process (e.g. university quinquennial review), we will consider this subject to the following conditions:

- The requirements as outlined in this Handbook are not compromised by a joint process;
- The GOC panel be permitted to conduct part of the visit or key meetings without the third party present if deemed necessary;
- Both parties have opportunity for private discussion within the agenda;
- The visit outcome is determined independently by both parties in accordance with their own policies and procedures

3.8 Visit timetable

Visits are held while the provider is in session so that the visitor panel can meet the students attending the course. Prior to the visit, the provider should identify a member of staff to coordinate the visit schedule with the GOC Officer.

The following timetable is an example of a 2-day schedule used for a visit. Adjustments to the timetable may be agreed in advance, however, to achieve parity across all providers being visited, the timetable should not significantly alter from the basic template in this document.

Day 1

Time	Activity	Guidance for Provider
08.45-09.00	Arrival of GOC panel	Meeting room Should be a lockable room with laptop/PC
09.00-10.00	Meeting with head of department and programme leader	Meeting room Staff to give a brief overview of the programme to include course changes, future plans, challenges
10.00-12.00	GOC panel: review of portfolios, logs, exam scripts, relevant materials	Observation of clinic, clinical teaching & lectures Observation: it is <u>mandatory</u> for the panel to see third year university clinic sessions taking place
11.45-12.30	Meeting with clinical supervisors	All available supervisors should attend. Clinic staff involved with management and audit of student log-books should attend
12.30-13.00	Private working lunch	Meeting room
13.00-15.00	Hospital visit GOC panel: one or two members required to attend	Tour of facilities GOC panel: panel to nominate members to visit different facilities Hospital visit: the panel will wish to observe students in their placements, meet supervisors in the clinic, and staff in charge of placements Tour of facilities: staff/student guides should be available
15.00-16.00	Meeting with students	Students from <u>each year</u> of the programme should be present.
16.00-16.30	Private session Reflect on student meeting and prepare questions for external examiners	Meeting room
16.30-	Meeting with external examiners	Meeting room

17.15		A skype/conference call may be agreed in advance of the visit
17.30	Close	Meeting room
19.00	GOC panel evening meal	Private event

Day 2

Time	Activity	Guidance for Provider
8.45-9.00	Arrival of GOC visitor panel	Meeting room
09.00-09.30	Meeting with head of institution	Meeting room (if possible)
9.30-10.00	Private session GOC panel: prepare questions for academic staff	Meeting room
10.00-10.45	Meeting with academic staff.	Meeting to include all academic staff involved in the programme. The head of department should not attend this meeting
10.45-12.00	Private session GOC panel: discuss meetings with head of institution and academic staff	Meeting room
12.00-13.00	Private working lunch GOC panel: start forming conclusions for report headlines	Meeting room
13.30-15.00	GOC panel: further review of portfolios & completion of any outstanding tasks (if necessary)	Observation of clinic, clinical teaching & lectures A staff member should be available for clarification of any outstanding issues
15.00-17.00	Private session GOC panel: draft report headlines and main sections of the report	Meeting room
17.00-17.30	Final Meeting The chair will give informal feedback to the head of department and programme leader	Meeting room A small number of senior staff to be present
17.30	Close – GOC depart	

Observation activities during visits:

The panel will observe teaching sessions, clinic sessions, and the hospital environment. The panel will decide on the sessions that will be observed based on the student timetables provided prior to the visit, observations can run concurrently with other agenda items.

3.9 Outcomes of a Visit

Once the visit has taken place, the visitor panel will recommend one of the following outcomes to the Education Committee:

- Approve or re-confirm continuing approval of the programme for 5-years with no conditions
- Approve or re-confirm continuing approval of the programme for between 1 to 5-years with conditions and / or recommendations
- Withdraw approval

Where necessary, the visitor panel will make recommendations within their report for the revision or improvement of a route to registration. The provider's progress in undertaking or responding to recommendations will be reviewed through annual monitoring reports.

3.9.1 Conditions

A condition will be given when the provider has failed to demonstrate that it meets one or more of the GOC requirements.

Conditions are evidence-based, related to handbook criteria, and will specify the action(s) required to address the failure to meet the requirement. Conditions must be addressed by the provider within the specific time period stated in the visitor panel's report.

The provider is also required to submit evidence of the actions being taken to address the condition(s) through annual monitoring reports.

3.9.2 Revisits

The visitor panel will recommend that an approved provider is re-visited (within a 5-year period of recognition) if a serious issue has been identified in the report conditions.

The revisiting panel will consider the actions taken by the provider to respond to the conditions stated in the previous report. Membership of the panel will have continuity with the previous visitor panel, and usually comprise 2-3 visitors and GOC Officer. The timetable and scheduling of the re-visit will be agreed on a case by case basis.

After the visit, a re-visit report will be issued to the provider and submitted to the Education Committee for consideration and approval.

3.9.3 Recommendations

The visitor panel will offer recommendations when it is felt that practice could be enhanced substantially by consideration of a particular action.

The provider is required to submit evidence to the GOC of the actions being taken to address or respond to the recommendation(s) in their annual monitoring reports.

3.9.4 Commendations

Commendations will be given to highlight areas of good practice and distinctive features of a programme which set the provider apart from other institutions.

3.9.5 Withdrawal of Approval

Exceptionally, a visitor panel will recommend to the Education Committee that approval is withdrawn from a programme if:

- There are serious concerns regarding patient safety
- The provider has failed to demonstrate compliance with a significant number of core competencies
- The provider has failed to demonstrate compliance with a significant number of Handbook requirements
- There is evidence of significant shortfalls in staffing and resources

Accreditation will be withdrawn with immediate effect following the recommendation being agreed by Education Committee and approved by Council. The GOC will consider other appropriate arrangements to ensure that students enrolled on the programme are not disadvantaged, in such circumstances, students may require transfer to an alternative approved route to registration. This process will be managed by the GOC, however any costs incurred will be the responsibility of the provider.

Withdrawal decisions are subject to the provisions of Section 13 of the Opticians Act 1989 (amended 2005). In the event that the Council decides to withdraw approval of an establishment or qualification (whether entirely or to a limited extent), an appeal may be made to the Privy Council, within one month of the decision being confirmed in writing.

3.10 How a Visit is reported

3.10.1 Feedback at the conclusion of a visit

The chair of the visitor panel will give a verbal summary of the report outcomes in a meeting with the head of department and senior staff members at the conclusion of a visit. Any feedback given at this stage should be considered informal and not binding, until the visitor panel makes a formal recommendation to the Education Committee.

Exceptionally, there may be times when the chair is unable to give feedback on the final day of the visit, this could be:

- When there has not been sufficient time for the panel to conclude their discussions
- If important individuals were not present during the visit (key staff, students, supervisors)
- If the panel considers further clarification is required on particular areas

The report outcomes detailing the commendations, conditions and recommendations will be issued (in digital version) to the provider 1-2 weeks after the visit (once approved by the visitor panel). These are *recommended* outcomes which are subject to approval from Education Committee; the Committee will also confirm the period of continued approval.

3.10.2 The Report Format

After the visit, the recommendations of the panel will be recorded in a report in the following format:

- Details of the Provider (and programme)
- Membership of the Visitor Panel
- The Standing Requirements of Accreditation

- Proposals of the Visitor Panel
 - Commendations
 - Conditions
 - Recommendations
 - Period of recognition
- Commentary relating to the Handbook Requirements:
 - Public Protection
 - Student Experience
 - Student Assessment
 - Monitoring and Evaluation
 - Accommodation and Resources
 - Professional Requirements

The visitor panel will provide commentary relating to the Handbook requirements. Where there has been inadequate evidence to demonstrate that a requirement has been effectively met, narrative will clearly support the conditions and recommendations given in the visit outcomes.

3.10.3 Post-visit timescale

The first draft of the report will be produced by the GOC Officer in consultation with the visitor panel. The overall post-visit timescale is outlined below, please note that it can take between *six to ten weeks* to complete the process.

1-2 weeks post-visit

The report outcomes detailing any commendations, conditions, and recommendations will be sent to the visitor panel for approval and then to the provider.

4 weeks post-visit

Within 4 weeks, the first draft of the full report (report outcomes and supporting commentary) will be sent to the visitor panel for consultation and approval.

6 weeks post visit

Once agreed by the visitor panel, the draft full report will be sent to the provider for factual corrections. The provider is requested to respond within 10 working days of receiving the report. Once the factual corrections are received, the report will be submitted to the Education Committee for consideration and approval.

3.10.4 The Approved Report

The Education Committee will decide, in light of the visitor panel's report, whether to support the continued approval of a route to registration. Once approved by the Committee, the provider will be sent the final version of the report. Circulation of the report is at the discretion of the provider, however it is recommended that a copy is made available to the provider's external examiners and its contents discussed with staff and students.

As part of our commitment to transparency, all approved reports will be published on the GOC website: <http://www.optical.org/>

3.11 Review and Appeals Procedures

3.11.1 Review of a report

A provider may request a review of the recommended visit outcomes made in a report within 10 working days of receiving the first full draft version of the report (prior to the report being submitted to Education Committee).

- The provider should write to the Head of Education and Standards setting out why for procedural reasons the report should be reviewed
- If a review is requested, the chair and vice-chair of the visitor panel, and GOC Officer will consider making changes to the report

3.11.2 Appeal against a report

The provider may within 30 days of receiving the final approved report, lodge an appeal to the Head of Education and Standards indicating the basis on which it is challenging the decision.

- If an appeal is requested, the Head of Education and Standards will convene an appeals panel of 3 members of the Education Committee
- Members will have had no involvement in the visiting panel concerned or formal connection to the provider
- The appeals panel will consider written submissions and statements, however, at the discretion of the Chair of Education Committee, may request that representatives of the provider and the visitor panel attend a meeting

3.11.3 Reconsideration of a report

Exceptionally, the Education Committee may not accept the outcomes recommended by a visitor panel within a report. In this circumstance, the report will be referred back to the visitor panel for further consideration with appropriate instructions from the Chair of the Education Committee.

3.12 Contact Details

We are committed to improving our accreditation and quality assurance process. If you would like to give feedback or request further information, please contact us on the following details:

Education and Standards Department,
General Optical Council,
41 Harley Street, London, W1G 8DJ
020 7307 8852
iquinn@optical.org

Section 4: Our Requirements

We have a responsibility to set standards for education and training programmes that lead (wholly or partly) to registration and a duty to quality assure these programmes. The purpose of this process is to fulfil our statutory function of protecting the public by ensuring the fitness of new entrants to the Register

The requirements of accreditation are defined under six areas that are used to determine whether the quality of education, and training offered by providers is suitable in preparing students for entry to the GOC Register, having acquired the knowledge and skills required for optometric practice:

- 4.1 Public Protection**
- 4.2 Student Experience**
- 4.3 Student Assessment**
- 4.4 Monitoring and Evaluation**
- 4.5 Facilities and Resources**
- 4.6 Professional Requirements:**
 - 4.6.1 Patient Experience**
 - 4.6.2 Core Competencies**
 - 4.6.3 Certificate of Professional Competence**
 - 4.6.4 GOC Approved Award**

The provider must demonstrate that they have met and continue to meet the requirements through quality assurance visits and annual monitoring reports.

The requirements are each underpinned by criteria specified at Stage 1 and Stage 2, which must be demonstrated by the provider. A list of indicative evidence is given to offer guidance on the type of information that could be used to evidence a requirement during a visit in order for the GOC panel to be confident that the standard is being met effectively.

It is the responsibility of the provider to ensure that there is appropriate evidence to demonstrate that the route to registration meets the requirements outlined in the Handbook. If a provider produces similar evidence for other purposes (for example an internal audit or meeting), we will seek to use this to minimise the administrative burden. It may be possible to use a particular document to evidence achievement of a number of Handbook requirements.

4.1 Public Protection

The provider must have effective supervision procedures in place to ensure that when students are undertaking practical experience, the safety of patients and their care is of an appropriate and adequate standard that complies with GOC requirements.

Criteria that must be demonstrated in order to meet this requirement:

- The provider must ensure that students maintain GOC student registration for the duration of their training and comply with the GOC Standards for Students
- The provider must ensure that students recognise and act only within the limits of their competence
- Patient experience must be adequately supervised and comply with GOC standards of 'adequate supervision' outlined in Appendix I
- Any clinical activity or element of practice-based learning must be carried out under the supervision of a GOC registered and approved supervisor that meets the requirements outlined in Appendix I
- External providers must know what their responsibilities are for creating the right environment for enabling practice-based learning to take place
- The provider must ensure that supervisors receive comprehensive guidance and training to ensure they fully understand their responsibilities and obligations
- The provider must ensure students receive comprehensive guidance and support throughout any periods of practice based learning
 - The responsibilities for practise-based learning should be clearly defined to the student
 - The student will have a clear understanding of their individual rights and responsibilities in the clinic environment
 - The student will have clear information about the complaints process and how to report a concern to the provider

Stage 1 - Indicative evidence to demonstrate this requirement:

- Students portfolios containing individual case records for each patient episode showing who was supervising (including supervisor's signature, date of sign-off and feedback to the student)
- Student Clinic Handbook
- Evidence of supervisor arrangements including details of how the supervisor's suitability, expertise and experience is assessed and what training is provided
- Supervisor Handbook
- A written protocol for adequate supervision during clinical experience
- A procedure to ensure that students are registered with the GOC for the duration of their study, whilst in supervised practice and in the course of professional assessments
- The staff to student ratio in the clinic environment
- Appropriate contractual arrangements for external placements (e.g. for hospital)
- Health and Safety policy and Clinical Governance procedures ensuring the appropriateness and safety of the clinic environment

Stage 2 - Indicative evidence to demonstrate this requirement:

- Certified portfolios containing students' case records demonstrating clear assessment and achievement of the required patient experience
- Records relating to work-based assessment of core competencies
- Evidence of relevant policies and procedures in place for the supervision of students during practical patient contact, including:
 - A procedure to ensure that students are registered with the GOC for the duration of their study, whilst in supervised practice and in the course of professional assessments
 - A procedure to approve supervisors and placements to verify that the requirements of Appendix I are met
 - The supervisor handbook and training provided
 - The student handbook
 - Evidence of practice visit audit reports

4.2 Student Experience

The route to registration must offer a quality learning experience to the student that enables achievement of all required GOC core competencies through a variety of teaching and learning methods.

Criteria that must be demonstrated in order to meet this requirement:

- Students should have access to staff with the full range of knowledge and skills necessary to support their learning
- A variety of teaching and learning methods should be used to deliver the learning outcomes
- Programme design must support systematic delivery of the underpinning knowledge and skills to enable students to achieve the GOC Core Competencies
- Professionalism and communication skills must be integrated throughout the programme
- The route to registration should enable the student to develop the ability to exercise professional judgment through critical thinking, evidenced based practice and reflection
- Teaching and learning should 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 should have access to opportunities for multi-disciplinary learning and to understand their role within the wider healthcare team
- Provision of learning support services in academic and practice settings (including dedicated support for the induction of international students, students with disabilities and other learning support services)
- Staff should have capacity to respond to student enquiries, provide feedback and support in a timely manner
- Students must have access to mechanisms to provide feedback and raise concerns

Stage 1 - Indicative evidence to demonstrate this requirement:

- A rationale evidencing the staff to student ratio for the programme (in academic and

clinical environments)

- Staff biographies/ CVs demonstrating the staff team have the required range of experience and expertise relevant to all aspects of the programme
- Student feedback including NSS scores and associated Programme Improvement Plan evidencing how student views have informed programme development
- Equality and diversity policy and procedures that reflect current legislative requirements
 - Information about staff training in equality and diversity
 - A mechanism for capturing equality and diversity data
- Student timetables and module guides demonstrating teaching and learning methods utilised
- Material and learning tools available on the Virtual Learning Environment
- Information demonstrating how the programme incorporates evidence based practice

Stage 2 - Indicative evidence to demonstrate this requirement:

- Evidence of relevant policies and procedures in place to support students during their practical placement
- Equality and diversity policy and procedures
 - Information about staff training in equality and diversity
 - A mechanism for capturing equality and diversity data
- Student feedback including associated action plans demonstrating how student views have informed developments and improvements
- Feedback captured from supervisors and employers.

4.3 Student Assessment

The provider must demonstrate that the chosen methods of assessment are appropriate to the stated learning outcomes, enable achievement of the required GOC core competencies and assure the student is fit to practise safely and effectively

Criteria that must be demonstrated in order to meet this requirement:

- A range of assessment methods should be used that are appropriate to the stated learning outcomes and core competencies being assessed
 - Assessment methods must be in line with current practice and routinely monitored, quality assured and developed
 - The GOC does not specify which assessment methods should be used, however these may include: examinations (e.g. MCQ, short-answer, essay, scenario based), practical assessments (e.g. OSCE's), vivas, presentations, projects, dissertations and other assignments
- Competency-based assessments should be carried out at appropriate stages in the students education and training:
 - An **ability to do** competency must be evidenced by a practical demonstration of the specified skill assessed by an approved assessor.
 - An **understanding of** competency may be evidenced through practical demonstration or by theoretical assessment.

- Those responsible for the assessment and signing off of core competencies must be suitably qualified, and have the appropriate skills, experience and training required to undertake assessment outlined in Appendix I
- The assessment structure, and procedures should comprise formative and summative elements, and provide the student with sufficient feedback, within a reasonable timeframe, to enable maximum learning and achievement
- The assessment regulations must clearly specify the assessment criteria and requirements for student progression and achievement within the route to registration
- The provider must have an effective and accurate student information system to track and record the achievement of all required core competencies for each individual student
- The provider must have clear and appropriate criteria for each assessment which is communicated effectively to student trainees (along with any differential weightings of assessment)

Stage 1 - Indicative evidence to demonstrate this requirement:

- The assessment strategy, academic regulations and appeal procedures or equivalent
- The assessment criteria, mapping document and timetable
- The student handbook and staff handbook (or equivalent) clearly outlining the provider's marking and assessment criteria and accompanying guidance
- A comprehensive report on student performance and progression statistics for each year of the programme
- External examiner reports and supporting action plans
- Exam Board Minutes
- Mechanism for providing students with assessment feedback

Stage 2 - Indicative evidence to demonstrate this requirement:

- Evidence of an assessment strategy, regulations and appeal procedures
- A mapping document clearly demonstrating where and how each element of competence is assessed.
- A marking scheme for each assessment demonstrating that the relevant performance criteria and indicators must be demonstrated for each element of competency
- The assessment timetable
- Documentation to evidence appropriate monitoring and evaluation of assessments to ensure standards are maintained and consistency applied
- Annual statistics on student achievement for each assessment
- Student handbook
- Assessor's Handbook
- Details of appointment, training and evaluation of assessors
- A Mechanism for providing students with assessment feedback
- External Examiner Reports (covering all years since the last GOC visit)
- Exam Board Minutes

4.4 Monitoring and Evaluation

The provider must demonstrate that a robust internal monitoring and review process is in place to ensure continuous evaluation and quality enhancement of the route to registration.

Criteria that must be demonstrated in order to meet this requirement:

- The provider must have a clear framework for receiving feedback on programme quality from a variety of sources including patients, students, staff, supervisors and employers
 - The views of external stakeholders must be acted on, and inform the future development of programme design, content and delivery
- The appointment of at least two External Examiners
 - External Examiner remit must include all professional requirements of the programme including any clinical portfolios
 - At least one of the appointed External Examiners must be optometrically qualified
 - The provider must ensure that External Examiners are, within a reasonable timeframe, provided with a response to their reports, detailing any actions to be taken
- The provider must have an effective mechanism to enable the monitoring and evaluation of assessments to ensure appropriate standards are maintained.
 - The remit of the Examination and Award Boards must include consideration of both academic and professional requirements
- The outcomes of GOC visits must inform internal reviews and programme improvement plans
- All documentation (including annual monitoring submissions and pre-visit information) must be subject to quality assurance by the institutional quality office prior to submission to the GOC
- The provider must have an effective mechanism to identify risks to the quality of the education and training provided and to identify areas requiring development
- The provider must maintain effective governance arrangements to support relationships with any external parties responsible for delivering elements of the route to registration, specifically including practice based learning

Stage 1 - Indicative evidence to demonstrate this requirement:

- Quality assurance policies and procedures
- Annual monitoring reports, programme improvement plans and internal validation reports
- Programme and assessment regulation, minutes of internal programme review/development committees (or equivalent)
- External Examiners procedures (covering role profile, term of office, induction, guidance and training information)
- External Examiners' reports (covering all years since the last GOC visit)
- Evidence of responses to previous GOC visit reports, external examiner reports and associated action plans
- Minutes of Exam / Award Board meetings

- Evidence that the views of external stakeholders, including patients, employers and students, have been taken into consideration and informed programme design, content and delivery
- Evidence of analysis of student feedback through staff-student liaison committees, programme committees, module evaluations and NSS scores and associated action plans
- Agreements / contracts with external placement providers
- An evaluation of student progression and completion rates

Stage 2 - Indicative evidence to demonstrate this requirement:

- Assessment regulations (or equivalent)
- Agreements / contracts with external placement providers
- Audit reports for practice visits to external placements
- Details of the appointment and quality assurance of assessors (covering role profile, term of office, induction, guidance and training information)
- External Examiner reports (covering all years since the last GOC visit)
- Evidence of responses to external examiner reports, previous GOC visit reports and associated action plans
- Evidence that the views of external stakeholders, including patients, employers and supervisors, have been taken into consideration
- Evidence of analysis of student feedback and associated action plans
- Minutes of Exam / Award Board meetings
- An evaluation of student progression and completion rates

4.5 Facilities and Resources

The provider must ensure that all facilities and resources are of a sufficient and adequate standard to deliver the route to registration effectively, offer a quality learning experience to the student, and support the overall student capacity.

Criteria that must be demonstrated in order to meet this requirement:

- 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
 - Programme resourcing must be determined in accordance with the Resource Allocation Model outlined in Appendix E
 - The adequacy of both the number and range of staff must be justified in the context of the mode of delivery
 - A GOC Registered Optometrist should be appointed in a leadership role
 - The supervisory structure, lines of authority and responsibilities of staff members must be clearly outlined
 - The balance of full time, part time, hourly paid, technical and administrative staff must be supported by a clear rationale

- The role and contribution of individual members of staff to programme delivery must be determined on the basis of their expertise and experience
- Staffing levels must be increased proportionately to reflect any increase in the number of students recruited to the programme
- An effective monitoring system must be in place to check the quality and management of resources and their capacity to ensure that standards are maintained
- The provision of appropriate and fit for purpose accommodation, clinic facilities and clinic equipment in academic and practice settings
- 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 outlined in Appendix F
- The provider must have adequate resource for the appointment, training, and review of assessors and any management of them (e.g. lead assessors and the appointment of external examiners)

Stage 1 - Indicative evidence to demonstrate this requirement:

- The workload allocation model used to determine level of resourcing
- A rationale evidencing the staff to student ratio for the programme (in academic and clinical environments)
- Staff biographies and CVs demonstrating the staff team have the required range of experience and expertise relevant to all aspects of the programme
- Evidence of a staff development policy/ strategy:
 - opportunities for staff to remain up-to-date with professional registration requirements such as clinical skills and major advances in knowledge and research
- Evidence of the mechanism utilised to track and manage each individual students' amount and range of patient experience enabling intervention for students not on track to meet GOC patient experience requirements
- Evidence that accommodation, facilities and equipment in academic and practice settings are adequate and fit for purpose
 - Facilities management plans detailing regular review of the fitness for purpose of the facilities with recommendations and improvements made where appropriate
- A full list of equipment provided for the programme and a detailed description of the clinic facility
- Accommodation plans; details of the nature of the learning environment and level of information technology support
- Safety policies and procedures to ensure the appropriateness and safety of the clinical environment

Stage 2 - Indicative evidence to demonstrate this requirement:

- Evidence that accommodation, facilities and equipment in approved practice placements are adequate and fit for purpose
 - Practice audit reports
 - Quality assurance reports
- Safety policies and procedures to ensure the appropriateness and safety of the clinical

environment

- Established protocols and procedures to verify that adequate supervision is given to students during practical patient contact
- Evidence of adequate resource for the appointment, training, and review of assessors and any management of them (e.g. lead assessors and the appointment of external examiners)
- Evidence of development opportunities for assessors (and those serving the assessment processes) along with the take-up rates of these opportunities, and how these are reviewed to ensure fitness for purpose

4.6 Professional Requirements

4.6.1 Patient Experience

The provider must demonstrate that each student has achieved the appropriate range and number of patient episodes under close supervision to ensure competence in practice and skills to enable the award of the certificate of clinical competence at Stage 1 and Stage 2.

A full definition of what constitutes a patient episode for each individual patient experience category (A-F) is given in the table attached at Appendix F. The figures specified in the table state the *minimum* number of safe patient episodes the student must achieve for each patient experience category prior to starting a pre-registration placement.

- Only episodes which are certified as safe by the supervising registrant can be counted towards the minimum required number of patient episodes.
- A safe episode means the student recognised the limits of their competence, sought guidance from their supervisor where needed thereby causing no risk to life or sight.
- Supervisors must apply agreed criteria when determining whether an episode is safe.
- Opportunity must be given to the student to formally reflect on their patient interactions; to consider how well they performed, the feedback they received and how this affected their understanding and learning goals.

The provider must have an effective system in place to ensure each student has access to a sufficient range and volume of patients under each category of experience. Volunteer patients may be used to contribute to some of the required episodes to enhance the student's range of experience by providing access to unusual pathologies and a mixture of patient types.

If an exceptional circumstance leads to a variation below the minimum number of patient episodes, the provider must notify the GOC Education Committee of the proposed alternative learning experience offered to the student to enable achievement of the appropriate learning outcome. The Committee will determine if the proposal meets the Handbook requirements.

4.6.2 Core Competencies

The graduate must, on completion of their route to registration have demonstrated achievement of all elements of the GOC Core Competency Framework (Stage 1 and Stage 2) in order ensure they are fit to apply to the GOC Register.

Criteria that must be demonstrated in order to meet this requirement:

- The route to registration structure, content and learning outcomes must be designed to teach and assess the knowledge and skills contained within the GOC Core Competency Framework outlined in Appendix G and Appendix H
- The route to registration must demonstrate precisely where each element of competence is taught and assessed through the demonstration of the specified performance criteria and indicators
 - Learning outcomes should be clearly expressed and equate with the associated core competencies
 - A competence must only be signed off as a result of the required behaviours (performance criteria and indicators) having been demonstrated
 - *Understanding of* competencies can be tested through either theoretical or practical assessment. 'Ability to do' competencies must be tested through practical assessment

Stage 1 - Indicative evidence to demonstrate this requirement:

- Portfolios demonstrating clear assessment and achievement of each core competency element and the required patient episodes
- A programme mapping document which accurately demonstrates which elements of course content (and the associated learning outcome) map to each element listed in the Core Competency Framework at Stage 1 and/or Stage 2 level
- Assessment marking criteria clearly demonstrating requirement for relevant performance criteria and indicators to be demonstrated to achieve a pass
- A report/ analysis of student progression statistics

Stage 2 - Indicative evidence to demonstrate this requirement:

- Students portfolios demonstrating clear assessment and achievement of the required patient experience with each activity certified by the supervisor and validated by the provider responsible for overseeing the period of practise-based experience
- A mapping document which identifies the relevant assessment against each competency element listed in the GOC Core Competency Framework at Stage 2 level
- A report/ analysis of student progression statistics
- Assessment marking criteria clearly demonstrating requirement for relevant performance criteria and indicators to be demonstrated to achieve a pass
- Guidance and training used to ensure consistency amongst assessors

4.6.3 Certificate of Professional Competence

Stage 1

- The student must demonstrate that they have achieved a *Certificate of Professional Competence at Stage 1* in order to begin their external supervised pre-registration placement
- A *Certificate of Professional Competence at Stage 1* can only be issued if the following requirements are satisfied:
 - The student must have been taught and assessed as competent against each of the Stage 1 core competencies (attached at Appendix G)
 - The student must have acquired the minimum amount of real patient experience

with each patient group (attached at Appendix F)

- The student must hold a certified portfolio containing a record of both their patient experience and achievement of all core competency elements;
 - This record must evidence how and when each individual element of competence was achieved by the individual student
 - The portfolio must contain a case record for each individual patient episode contributing to the minimum requirements
 - The portfolio must evidence development of the students professional judgment through critical thinking and reflection

Stage 2

- Upon completion of the pre-registration placement the provider is required to certify to the GOC that the student has achieved professional competence at Stage 2 before granting an award approved by the GOC as entitling entry to the GOC Register of Optometrists
- A *Certificate of Professional Competence at Stage 2* can only be issued if the following requirements are satisfied:
 - The student must have been taught and assessed as competent against each of the Stage 2 core competencies (attached at Appendix H)
 - The student must have acquired the minimum amount of patient experience with each patient category (attached at Appendix F)
 - The student must hold a certified portfolio containing a record of both their patient experience and achievement of all core competency elements;
 - This record must evidence how and when each individual element of competence was achieved by the individual student
 - The portfolio must contain a record for each individual patient episode contributing to the minimum requirements
 - The portfolio must evidence development of the students professional judgment through critical thinking and reflection

4.6.4 GOC Approved Award

A student is only entitled to receive a GOC approved award having met both the academic and professional (competency and patient experience) requirements.

Criteria that must be demonstrated in order to meet this requirement:

- The Award Board must satisfy itself of the following before confirming the award of a GOC recognised qualification:
 - Sufficient academic credits have been attained
 - The required amount and type of patient experience has been obtained
 - The required GOC core competencies have been achieved
 - A 2:2 classification (or equivalent standard of 50% at Masters level) has been attained
 - The student maintained registration with the GOC for the duration of their study

Indicative evidence to demonstrate this requirement:

- Minutes from Award Board meetings
- Details of the alternative award given to those with sufficient academic credits but who do not

meet the professional requirements to receive the GOC approved award

- Achievement statistics

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APPENDIX A: Section 1 of the Opticians Act 1989 (amended 2005)

Section 8(1) of the Opticians Act states that any person who satisfies the Council:

- a) that he holds a qualification as an Optometrist or Dispensing Optician for the time being approved by the GOC under section 12 (below), being a qualification granted to him after receiving instruction from one or more of the institutions so approved; and
- b) that he has had adequate practical experience in the work of an ophthalmic or Dispensing Optician, shall be entitled to be registered in the appropriate register.

Sections 12(1) and (2) of the Act state that

- 1) the Council may approve for the purposes of the Act any institution where the instruction given to persons training as opticians appears to the Council to be such as to secure to them adequate knowledge and skill for the practice of their profession; and
- 2) that the Council may approve for the purposes of the Act any qualification which appears to the Council to be granted to candidates who reach such a standard of proficiency at a qualifying examination as to secure to them adequate knowledge and skill for the practice of their profession

Visitors are appointed under the provisions of Section 13 of the Act.

- 1) It shall be the duty of council to keep themselves informed of the nature of the instruction given by any approved Provider(s) to persons training as Optometrists or Dispensing Opticians and of the assessments on the results of which approved qualifications are granted
- 2) For the purposes of their duty under sub section 1 above the Council may appoint persons to visit approved Provider(s) and to attend at the assessments held by the bodies which grant approved qualifications.
- 3) It shall be the duty of visitors to report to council
 - (a) As to the sufficiency of the instruction given by the establishments visited by them, or the assessments attended by them and
 - (b) As to any other matters relating to such establishments or assessments which may be specified by the council either generally or in any particular case.

Section 8a of the Act requires students to be registered with the GOC:

The Council shall maintain a register of persons undertaking training as Optometrists and a register of persons undertaking training as Dispensing Opticians.

A person who is undertaking training provided by an approved Provider or obtaining practical experience in the work of an Optometrist or Dispensing Optician shall have his name in the appropriate register.

APPENDIX B: Description of terms used in the Handbook

Annual Monitoring

Annual monitoring of approved providers is carried out on a yearly basis to ensure that approved routes to registration continue to meet the requirements.

Assessor

Person responsible for the assessment of a student's competence.

Cohort

A group of students enrolled on the same year of a programme.

External Examiner

An External Examiner is responsible for verifying the standard of work across a programme in all areas.

External Placement

Experience gained under the supervision of a GOC or GMC registered practitioner, in a high street practice or hospital environment where students have access to patients receiving eye care services.

External Provider

A third party that is not a GOC approved education provider.

Practical work/ Practice-based Learning

Any interaction a student has with real patients (including volunteer patients) or students acting as patients in all settings, whether in professional practice or a provider.

Programme

The academic qualification (BSc or Masters) that provides the underpinning knowledge and skills to achieve the GOC Core Competencies; this may lead to or include the pre-registration placement.

Provider

The provider is the university, institution or examination centre responsible for the overall design, development and delivery of the route to registration.

Pre-registration placement

Period of supervised practice undertaken in an external clinic placement.

Portfolio

Individual student record containing evidence of patient experience and core competency assessments.

Real patient

A real patient is a person who requires an eye examination or eye-care service.

Route to Registration

The route to registration is the education and/or training pathway leading wholly or partly to qualification as an optometrist (this could be defined as either a programme/qualification and/or registration scheme for registration).

Safe

A safe episode means the student recognised the limits of their competence, sought guidance from

their supervisor where needed thereby causing no risk to life or sight. Only patient episodes which are certified as safe by the supervising registrant can be counted towards the required number of patient episodes.

Supervisors

Supervisors are responsible for the supervision of students undertaking clinical experience.

Student

This refers to the student enrolled on the route to registration.

Visitor

Representative of the GOC appointed to approve or quality assure an approved route to registration.

Volunteer patients

Volunteer patients may be used for some of the episodes to enhance the student's range of experience by providing access to unusual pathologies and a mixture of patient types.

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APPENDIX C: General Optical Council Statement of Equality and Diversity

We are committed to promoting and developing equality and diversity in all our work. We want to be sure that our policies, procedures and ways of working are fair to all individuals and groups, regardless of their ethnic origin, race, gender, gender identity, religion or religious belief, disability, sexual orientation or age.

We consider that all of our public functions are relevant to our Race, Disability and Gender equality duties, as well as to our commitments in relation to equality in respect of age, religion and religious belief and sexual orientation. In particular, we believe that the GOC has a critical role to play in ensuring that the following are free from discrimination:

- access to optometry and dispensing optics training in the UK
- registration as an Optometrist or Dispensing Optician in the UK
- access to our registers, public meetings and information
- our complaints and Fitness to Practise processes
- employment with or appointment to the GOC, its Council and committees.

Provider(s) are expected to demonstrate a commitment to widen participation and make appropriate induction arrangements for students with different needs, including the arrangements for assisting the induction of overseas students.

Students with a disability

We expect providers to comply with the Disability Discrimination Act 1995 and to take positive steps to encourage and facilitate the uptake of courses by disabled students.

The duty under the Act to make 'reasonable adjustments' requires that you find out how you can adapt your courses to meet the needs of students with disabilities. The duty is only to make 'reasonable adjustments' such that you do not have to make every adjustment that a student asks for. You cannot however claim that an adjustment is unreasonable only because it is expensive or inconvenient. You should not moreover take into account your own view as to whether the student is likely to be able to obtain employment at the end of the course, as this is likely to be discriminatory.

Whether or not an adjustment is reasonable will depend on many factors, including:

- the cost of the adjustment (you should, in most cases, obtain costings)
- the effect of the adjustment

Consideration of the effect of the adjustment will include whether the student will be able, with the adjustment, to meet the GOC's competencies. If you are unsure about this point, you should liaise with the College of Optometrists or Association of British Dispensing Opticians.

In the event that you are minded to refuse an adjustment because in your view the student would not meet the GOC competencies, it is recommended that you contact the GOC. We will, in these circumstances, consider whether the competency or competencies in question are potentially discriminatory. Our role will be restricted to consideration of this question. Even if the GOC takes the view that a particular competency is not discriminatory, it will remain the responsibility of the training or educational establishment to decide whether it is reasonable to make the adjustment in question.

APPENDIX D: Information checklist for new provisions

Details of the Provider
Name and address of the university/institution
Name of Department (or equivalent unit) teaching optometry
Title of optometry programme(s)
Number of weeks in academic year (including exams)
Student progression and achievement
Entry requirements
Numbers applying and accepted
Information on the widening participation policy and induction arrangements
Staffing
A list of staff teaching on the programme and description of their roles and qualifications
Total teaching hours for each staff member, the teaching hours allocated by each named staff member to the programme; and an indication of any impending changes of which the University is aware
Net staff/net student ratio for the programme
Proportion of total hours <u>of staff contact time</u> provided from part-time hours budget should be indicated
A list of support staff involved with the programme and the clinic (including administration roles, clinical administrators and technical support staff)
Staff Development
Information on staff development programmes
Evidence of pedagogical support for staff new to university teaching
Opportunities available for staff to maintain an awareness of professional registration requirements
Arrangements for the mentoring and general support of part-time staff
Evidence of opportunities provided for professional and clinical development
Monitoring and Evaluation
Evidence of internal monitoring reports and validation reports
An established board of examiners with an appropriately detailed set of Programme and Assessment Regulations
Details of appropriate arrangements for programme management and consultation (e.g a Programme Board of Studies, Staff-Student Consultative Committee)
Evidence of an annual monitoring process documenting appropriate meetings of staff and students with due discussion of programme data
Evidence of quinquennial review and evaluation, with appropriate external expert representation
Details of mechanisms for receiving feedback on programme quality from students and staff (course evaluation questionnaires etc.)
Resources and facilities
The University should provide the following information on resourcing:
Funding Council total grant for the optometry programme
Teaching grant for optometry
Total consumables budget
University overheads (charged to the optometry programme)
Clinic income (gross and net)

Total expenditure
Salary budget for the programme
Part-time hours budget

Accommodation

The University should provide equipment that is suitable for clinical training and equipment should be fit for practice

A detailed list of all of the physical space occupied by the optometry programme showing the area in square metres for all dedicated space including laboratories, pre-clinics and main clinical facilities

The aggregate space under each category of lecture/tutorial rooms, teaching laboratories, research laboratories, pre-clinic space and clinic space

A detailed description of the clinic facility indicating the number of consulting rooms available, the associated clinical investigation space (e.g instrumental rooms), the size and disposition of the optical dispensary, the provision of workshop facilities, and the size of the reception and front office facilities.

(It is recommended that the Clinic has sufficient consulting rooms to take 25% of the final year cohort at one time. 20% of the entering cohort should be able to use the pre-clinic facilities at the same time)

Clinic Equipment

A full list of equipment must be provided for the programme; the following is expected:

Core equipment in each cubicle: test chart or projector chart, chair that can be raised or lowered, stool, refractor head, trial case, near chart, near fixation disparity unit & visor, RAF rule, mirror (unless direct projection of >4m), tissues

If cubicle is used for Contact Lenses (in addition to core items): suitable access to hand washing facilities, keratometer, slit lamp, burton lamp, CL solutions

Additional equipment (accessible centrally at a minimum of 4 cubicles to each item): slit lamps (preferably with teaching arm or video), Perkins tonometer, Goldman tonometer, contact tonometer, binocular indirect ophthalmoscope with condensing lens, visual fields equipment, focimeter, stereovision test, diagnostic drugs including vital stains, colour vision tests (i.e Ishihara, City, D15) with suitable light source, CL verification equipment, diagnostic contact lens, Volk BIO lens

Available equipment: gonioscope lenses, volk lenses, method of CL disinfection, retinoscope, Ophthalmoscope, cover paddles, pentorch, trial frame, cross cyls, rules

Pre-clinic facilities: dispensing area for selection and fittings, workshop facilities for repairs, reception staff area, secure patient record card system, computerized database, reminder system

APPENDIX E: Resource Allocation

Type of resource	Requirement	Criteria
Student: staff ratio	17:1	Net ratio including both full time and part time hourly paid staff
Minimum number of GOC registered Optometrists	4 full time posts	One of whom must be a senior appointment (preferably professorial level) and hold a leadership position within the programme
Proportion of staff who are clinically qualified and professionally registered.	At least 50% of total	Proportion of full-time equivalent clinically registered, optometry staff to the total number of academic staff allocated to the optometry programme. This ratio can include Dispensing Opticians, Ophthalmologists and Orthoptists but it is expected that Optometrists will make up the majority.
Part time hourly staff	Maximum 30% of total	Permitted proportion of total hours of staff contact time that can be resourced from part-time hours budget. Calculated across all years of the programme. Applies to both academic and clinical provision.
Technical support	At least 1 dedicated technician	Where technical and support services are centrally resourced, at least one full time post must be dedicated to support optometry provision. This post holder must be suitably qualified and experienced to support the needs of an optometry programme.

APPENDIX F: GOC Patient Experience Categories

Stage 1 Patient Experience

It is a requirement that students record their patient episodes as the different types of patient experience categories outlined in the following table under A-F.

A	Primary Care Experience
	<p>The experience must follow a normal optometric eye examination as closely as possible and constitute all components of a sight test as defined in the Opticians Act 1989 (amended 2005). The provider must ensure that access is given to patients with a range of refractive errors and common eye conditions.</p>
	<p>Minimum number of <u>safe</u> patient episodes: 18 complete eye examinations</p> <p>Type of patients: Patients attending for an eye examination or eye-care service. A student practicing on another student can only count if the student is booked in, treated and recorded as an actual patient.</p> <p>Type of experience: All primary care episodes must be on a 1:1 (student: patient) ratio with the student as practitioner. Patient episodes should be designed to fully replicate the complete patient experience when attending for an eye examination. Students must not gain multiple primary care episodes with the same patient.</p>
B	Contact Lens Experience
	<p>The provider must ensure that the student has experience of a range of patient episodes relating to contact lens fitting and aftercare.</p>
	<p>Minimum number of <u>safe</u> patient episodes: 12 episodes</p> <p>Type of patients: Patients attending for a contact lens assessment, fit, and aftercare. A student practicing on another student can only count if the student is booked in, treated and recorded as an actual patient requiring a contact lens assessment.</p> <p>Type of experience: Patient episodes may be carried out on a 2:1 ratio (student: patient), however, <u>both</u> students must interact with the patient (for example, a pair of students might examine one eye each or take responsibility for different stages of an examination ensuring they each gain sufficient experience as the practitioner). Students must not count patient episodes they have observed (without any patient interaction) in their final patient numbers, although this can be used to enhance learning through reflective practice.</p>

C	<p>Binocular Vision, and Paediatric Experience</p> <p>The provider must ensure that the student has experience of patients with anomalies of binocular vision and those undergoing orthoptic assessment and/or treatment.</p>
	<p>Minimum number of <u>safe</u> patient episodes: 8 episodes including at least 3 paediatric patients, one of which must be a child <u>under 7 years</u>.</p> <p>Type of patients: Patients attending for a binocular vision assessment and/or an anomaly of binocular vision.</p> <p>Type of experience: Students may observe the assessment and treatment of patients with binocular vision anomalies and those undergoing investigation for suspected binocular vision anomalies individually or in small groups. Students should have the opportunity to assess individuals with binocular vision anomalies either individually or in small groups of up to 4 students (maximum). The provider will be required to demonstrate that the group size is appropriate for the activity being undertaken.</p>
D	<p>Specialist Clinic Experience</p> <p>The provider must ensure that students attend a range of clinics in which specialist techniques are being used, such as Low Vision clinics, Imaging/Further Investigative Techniques clinics and Paediatric/Special Needs clinics.</p>
	<p>Minimum number of <u>safe</u> patient episodes: 12 episodes</p> <p>Type of patients: Patients requiring specialist clinical services. These experiences should normally be gained through the providers' clinical services and hospital visits. Grand rounds may be used as part of the student's experience.</p> <p>Type of experience: Students may work in small groups of 4 (maximum), observing and participating in the provision of specialist services as appropriate for the learning experience and patient safety and comfort. The provider will be required to demonstrate that the group size is appropriate for the activity being undertaken.</p>
E	<p>Spectacle Dispensing Experience</p> <p>The provider must ensure that the student has experience of dispensing a range of frame/lens types, including some experience of dispensing for children and low vision patients.</p>
	<p>Minimum number of <u>safe</u> patient episodes:</p> <ul style="list-style-type: none"> • 6 initial selection and facial/frame measurements • 6 prescription verification • 6 fit and adjustment* of spectacles <p>These three stages can be completed on the same or multiple patients. However, the student must see a <u>minimum</u> of six different patients and complete all three stages at least</p>

	<p>six times.</p> <p>Type of patients: Patients requiring a spectacle dispense.</p> <p>Type of experience: Patient episodes must be on a 1:1 ratio (student: patient). The provider should endeavour to provide some experience of dispensing a range of frame/ lens types for children and low vision patients.</p>
F	<p>Abnormal Eye Conditions</p> <p>This experience should take place in hospital eye clinics and must include attendance at ophthalmology clinics. An effective feedback mechanism must be in place to record the student's patient experience gained during hospital attendance, for example, through a portfolio/record of all patients and conditions seen by the student supported by a reflective commentary.</p>
	<p>Minimum number of <u>safe</u> patient episodes: 12 hours of experience in clinics</p> <p>Type of patients: Typically patients attending for a hospital eye appointment. It is the responsibility of the provider to ensure that students are exposed to a range of patient types and conditions. To ensure exposure to common ocular pathologies, in addition to the hospital placement, supplementary experience may be gained through:</p> <ul style="list-style-type: none"> • specialist clinics (within the university) offering additional exposure to less common conditions • grand rounds (case and management demonstrations incorporating real patients, video or images to highlight key pathology) ensuring the student has observed common conditions • directed study using a range of media <p>Type of experience: Students may attend these clinics in small groups of up to a maximum of 4 students, the provider will be required demonstrate that the group size is appropriate for the activity being undertaken.</p>

Stage 2 Patient Experience

On completion of the period of supervised practise-based training, the student must demonstrate achievement of the total number of refractions, dispenses and contact lens patients to the provider.

The *minimum* patient numbers required for GOC Registration:

Refractive examinations: **350**

Dispenses: **200**

Contact Lens Patients: **30**

Patient experience must be recorded in a reflective portfolio with each activity certified by the supervisor and returned to the provider. The completed portfolio must be validated by the provider responsible for overseeing the period of practise-based experience.

If difficulty occurs in enabling the student to achieve the required patient experience, it is the responsibility of the supervisor to make alternative arrangements, such as an external placement, to ensure the student has access to the required number and range of patients.

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APPENDIX G: Core Competencies (Stage 1)

	'Ability to do' competencies to be tracked for each student (n=31)
Communication & Professional Conduct (5)	1.1.1 Ability to communicate effectively with the patient, taking into account his/her physical, emotional, intellectual and cultural background – building a rapport
	1.1.4 Ability to make a patient feel at ease and informed – understanding their fears, anxieties and concerns about their visual welfare in the eye examination and its outcome.
	1.2.1 Ability to take a structured, efficient, accurate history and symptoms from patients with a range of ophthalmic problems and needs.
	1.2.2 Ability to produce comprehensive, legible and optimize record keeping with appropriate detail and grading
	1.3.2 Ability to interpret and respond appropriately to patient records and other relevant information.
Visual Function & Ametropia (4)	3.1.1 Ability to measure visual function of patients of any age with appropriate tests and techniques
	3.1.3 Ability to assess visual function in patients with visual impairment.
	3.2.2 Ability to use subjective and objective techniques to identify and quantify ametropia
Optical Appliances (3)	3.2.3 Ability to use appropriate ocular drugs diagnostically and to aid refraction.
	4.1.1 Ability to advise on, order and to dispense the most suitable form of optical correction taking into account durability, comfort, cosmetic appearance, age and lifestyle.
	4.1.2 Ability to adjust a spectacle frame or mount to optimize physical and optical performance.
Ocular Examination (8)	4.2.1 Ability to measure and verify optical appliances, taking into account relevant standards.
	5.1.1 Ability to examine for abnormalities of the external eye and adnexa using appropriate instruments and techniques
	5.1.2 Ability to examine for abnormalities of the cornea using appropriate instruments and techniques
	5.1.3 Ability to use contact and non-contact tonometers to measure intraocular pressure and analyse and interpret the results.
	5.1.4 Ability to examine for abnormalities in the anterior chamber.
	5.1.5 Ability to examine for abnormalities in the iris and assess pupil reflexes
	5.1.6 Ability to examine for abnormalities in the crystalline lens using appropriate instruments and techniques
	5.1.7 Ability to examine for abnormalities in the vitreous and fundi using appropriate instruments and techniques
5.1.9 Ability to select appropriate, and use safely, the range of ophthalmic drugs and diagnostic stains available to an optometrist	
Ocular Abnormalities (2 + 2 Grey)	6.1.1 Ability to take a structured ophthalmic history taking into account awareness of risk factors of ocular and systemic disease (see 1.2.1).
	6.2.1. Ability to assess visual function and the appearance of the eye and adnexa (see 3 & 5)
	6.3.1 Ability to interpret signs and symptoms of ocular abnormality.
	6.4.1. Ability to make an appropriate management plan, including the ability to make appropriate urgent referrals, for each patient and to involve the patient in the decision making process.
	7.1.1 Ability to take an appropriate history and symptoms including previous contact lens wear (see 1.2.1).
	7.1.2 Ability to assess anterior eye health (see 5.1.1 and 5.1.2).

Contact Lenses (4 + 3 Grey)	7.2.1 Ability to quantify corneal shape and size, and pupil (see 5.1.2).
	7.2.2 Ability to select the optimum lens.
	7.3.2 Ability to assess and optimize lens fit.
	7.4.1 Ability to teach a patient to safely insert, remove and care for contact lenses.
	7.5.1 Ability to monitor and manage the anterior eye health of contact lens wearers.
Binocular Vision (4 + 1 Grey)	8.1.1 Ability to take an appropriate binocular vision and/or child's history (see 1.2.1).
	8.2.1 Ability to assess eye alignment and eye movements.
	8.2.2 Ability to assess sensory fusion and stereopsis.
	8.2.3 Ability to assess oculomotor function.
	8.2.4 Ability to assess accommodation.
Visual Impairment (1 + 2 Grey)	9.1.1 Ability to take an appropriate history of a visually impaired patient (see 1.2.1).
	9.1.3 Ability to accurately quantify visual impairment and relate it to the underlying pathology and functional consequences (see 3.1.1).
	9.3.2 Ability to advise on the use of optical and non-optical aids.

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APPENDIX H: Core Competencies (Stage 2)

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
1. Communication <i>The ability to communicate effectively with the patient and any other appropriate person involved in the care of the patient, with English being the primary language of communication</i>	1.1 The ability to communicate effectively with a diverse group of patients with a range of optometric conditions and needs	1.1.1 Obtains relevant history and information relating to general health, medication, family history, work, lifestyle and personal requirements	<ul style="list-style-type: none"> Asks appropriate questions to obtain a full history. Uses appropriate strategies to understand patients' needs e.g. not interrupting and then summarising and checking understanding.
		1.1.2 Elicits the detail and relevance of any significant symptoms	Employs an appropriate mix of questions to elicit information from patients, for example, open and closed questions
		1.1.3 Identifies and responds appropriately to patients fears, anxieties and concerns about their visual welfare	<ul style="list-style-type: none"> Establishes and maintains a good professional and clinical relationship with the patient to inspire trust and confidence Recognises emotion in patients Explores patient concerns and provides reassurance where appropriate, using explanations that are relevant to that patient
	1.2 The ability to impart information in a manner which is appropriate to the recipient	1.2.1 Understands the patient's expectations and aspirations and manages situations where these cannot be met	<ul style="list-style-type: none"> Conveys expert knowledge in an informative and understandable way, for example, not using jargon Explores the patients expectations and checks the level of understanding Employs a patient-centred approach to understand the patients perspective Is able to empathise with and manage the patients' needs, resolving any problems to mutual satisfaction
		1.2.2 Communicates with patients who have poor or non-verbal communication skills, or those who are confused, reticent or who might mislead	<ul style="list-style-type: none"> Makes effective use of body language to support explanation Demonstrates awareness of our own body language Uses appropriate supporting material
		1.2.3 Discusses with the patient the importance of systemic disease and its ocular impact, its treatment and the possible ocular side effects of medication	<ul style="list-style-type: none"> Takes a thorough history from the patient to include: medication, control, disease duration Demonstrates a thorough understanding of the disease process sin cases such as diabetes, inflammatory disease etc Provides a layman's explanation of the particular disease process
		1.2.4 Explains to the patient the implications of their pathological or physiological eye condition	<ul style="list-style-type: none"> Gives factually relevant information in a clear and understandable way, avoiding jargon and technical terms Uses appropriate supporting material, for example, diagrams or leaflets, and uses a range of different explanations where

			<p>required to avoid repetition</p> <ul style="list-style-type: none"> • Understands limitations of knowledge, referring the patient for advice where necessary
		1.2.5 Communicates effectively with any other appropriate person involved in the care of the patient	Records and discusses advice and management in a clear and appropriate manner
Unit of Competency	Elements of Competence	Performance Criteria	Indicators
<p>2. Professional Conduct</p> <p><i>The ability to comply with the legal, ethical and professional aspects of practice</i></p>	2.1 The ability to manage patients in a safe, appropriate and confidential environment	2.1.1 Adheres to Health and Safety policies in the practice including the ability to implement appropriate measures for infection control	<ul style="list-style-type: none"> • Demonstrates a proactive approach to Health and Safety issue such as identifying hazards, risk assessment, first aid, etc., in order to produce a safe environment for staff and patients alike • Demonstrates appropriate personal hygiene, cleanliness of the practice, hygiene relating to instrumentation, contact menses, disposal of clinical waste etc.
		2.1.2 Maintains confidentiality in all aspects of patient care	<ul style="list-style-type: none"> • Demonstrates knowledge of the Data Protection Act (1987) and how this impacts on security, access and confidentiality of patients records
		2.1.3 Shows respect for all patients	Recognises and takes into consideration patient's specific needs and requirements e.g. cultural diversity or religious belief
	2.2 The ability to comply with legal, professional and ethical issues relating to practice	2.2.1 Is able to manage all patients including those who have additional clinical and social needs	<ul style="list-style-type: none"> • Respects and cares for all patients and their carers in a caring, patient, sensitive and appropriate manner • Had knowledge of the Disability Discrimination Act (1995), and ensures the patient environment is safe, inviting and use-friendly in terms of access and facilities for all patients • Has an awareness of different types of disabilities and patients with additional needs • Understands the criteria and process for RVI/CVI registration
			2.2.2 Is able to work within a multi-disciplinary team
		2.2.3 Is able to work within the law and within the	<ul style="list-style-type: none"> • Demonstrates knowledge of the advice and guidance set by respective

		codes and guidelines set by the regulator and the profession	<p>professional body and standards set by their local PCT</p> <ul style="list-style-type: none"> • Demonstrates knowledge of the code of conduct set down by the GOC • Demonstrates a knowledge of the relevant law relating to their role e.g. Opticians Act, GOS benefits, fees and charges, Medicines Act
		2.2.4 Creates and keeps full, clear, accurate and contemporaneous records	<ul style="list-style-type: none"> • Is able to produce records which are legible and contain all relevant patient details, measurement, results and advice
		2.2.5 interprets and responds to existing records	<ul style="list-style-type: none"> • Makes a decision based on their own and previous findings • Modifies their actions appropriately as a response to relevant history or previous records • Identifies and responds to the significance of: <ul style="list-style-type: none"> ○ Refractive change/ocular status ○ Clinical findings i.e. reduced VA ○ Previous form of optical correction
		2.2.6 Makes an appropriate judgement regarding referral and understands referral pathways	<ul style="list-style-type: none"> • Refers to appropriate person with appropriate urgency • Recognises difference between referral and notification • Includes appropriate information in referral letter • Gives appropriate advice to patient including written statement • Shows understanding of local protocol/ with some understanding of national variations
Unit of Competency	Elements of Competence	Performance Criteria	Indicators
3. Methods of Ocular Examination <i>The ability to perform and examination of the eye and related structures</i>	3.1 The ability to use techniques in ocular examination and to understand the implications of the findings in terms of subsequent examination techniques	3.1.1 Uses instruments to measure corneal curvature and assess its regularity	<ul style="list-style-type: none"> • Uses instruments to accurately measure, assess and record the corneal curvature and regularity
		3.1.2 Uses a slit lamp to examine the external eye and related structures	<ul style="list-style-type: none"> • Demonstrates an understanding of the methods of illumination, filters and other attributes of the slit lamp and their uses • Demonstrates a full slit-lamp routine for the assessment of the external eye and related structures in a logical sequence
		3.1.3 Examines the fundi using both direct and indirect techniques	<ul style="list-style-type: none"> • Uses a technique which allows an appropriate view of the fundus, including thorough and systematic scanning • Demonstrates a safe technique • Detects significant lesions
		3.1.4 Identifies abnormal colour vision and appreciates the	For a minimum of 2 different test types, the ability to: <ul style="list-style-type: none"> • Identify the test types available and who to

		significance	<ul style="list-style-type: none"> • use them on • Correctly use and interpret the results • Advise and manage the patient appropriately • Understands the significance of results in terms of: <ul style="list-style-type: none"> ○ Occupational implications ○ Genetics
		3.1.5 Investigates the visual field of patients with all standards of acuity and analyses and interprets the results	<ul style="list-style-type: none"> • Identifies which patients require visual fields assessment • Chooses and carries out the appropriate method and manner of visual field assessment • Interprets the field plot (including reliability), describing any abnormality using recognised terminology • Identifies the cause if field defects from sample images e.g. location of visual pathway lesion, retinal problem • Uses the basic alternative techniques in appropriate circumstances e.g. confrontation, Amsler, alternative fixation targets • Appropriately adapts investigation for patients with reduced activity
		3.1.6 Uses both a non-contact and contact tonometer to measure intraocular pressure and analyses and interprets the results	<ul style="list-style-type: none"> • Safely sets up and uses the appropriate tonometer • For contact tonometry demonstrates appropriate choice and use of drug/s • Provides explanation and advice to the patient covering: <ul style="list-style-type: none"> ○ Process, risks, after procedure advice • Accurately records the results and interprets the results
		3.1.7 Assesses the tear film	<p>Chooses appropriate instrumentation and uses correct and safe methods to assess tear quantity and quality</p> <p>Accurately records the results and differentiates normal from abnormal</p>
		3.1.8 Uses the slit lamp to assess anterior chamber signs of ocular inflammation	<ul style="list-style-type: none"> • Uses the appropriate slit lamp technique in appropriate ambient lighting • Slit lamp technique should include viewing the following: <ul style="list-style-type: none"> ○ Corneal endothelium ○ Aqueous humour ○ Iris and anterior lens surface • Describes and grade what they would expect to see in a patient with anterior ocular inflammation
		3.1.9 Assesses pupil reactions	<ul style="list-style-type: none"> • Uses appropriately ambient illumination and light source to assess pupil reactions • Accurately records the results and differentiates normal from abnormal

		3.1.10 Uses diagnostic drugs to aid ocular examination	<ul style="list-style-type: none"> • Understands the indications and contraindications for drug use and potential side effects • Understands and applies best practice in terms of the legal aspects of access, use and supply • Makes appropriate selection of drug/s and uses safely
		3.1.11 Makes an assessment of the fundus in the presence of media opacities	<ul style="list-style-type: none"> • Carries out dilated examination of a patient using a binocular indirect ophthalmoscopy (BIO) lens • Provides evidence of fundus seen (features recorded e.g. C/D ratio, pigmentation etc.) • Records the media opacity
Unit of Competency	Elements of Competence	Performance Criteria	Indicators
4. Optical Appliances <i>The ability to dispense an appropriate optical appliance</i>	4.1 The ability to interpret and dispense a prescription using appropriate lenses and facial and frame measurements	4.1.1 Identifies anomalies in a prescription and implements the appropriate course of action	<ul style="list-style-type: none"> • Identifies possible errors in a prescription and follows the appropriate course of action • Identifies and explains any problems which may occur from the given prescription and offers solutions, for example, aniseikonia, anisometropia
		4.1.2 Measures and verifies optical appliances taking into account relevant standards where applicable	<ul style="list-style-type: none"> • Measures and verifies that lenses have been produced to a given prescription within BS tolerances • Verifies that all aspects of the frame or mount has been correctly supplied • Measures and verifies that the lenses are correctly positioned in the spectacle frame/mount within BS tolerances
		4.1.3 Matched the form, type and positioning of lenses to meet all the patient's needs and requirements and provides appropriate advice	Provides all the necessary information for a pair of spectacles to be duplicated to include <ul style="list-style-type: none"> • Prescription • Lens type and form • Centration and fitting positions • Frame details • Lens surface treatments
		4.1.4 Advises on personal eye protection regulations and relevant standards, and appropriately advises patients on their occupational visual requirements	Applies the relevant standards for: <ul style="list-style-type: none"> ○ VDU users, driving ○ EN standards, including markings standards BSEN I66 and legislation and sources • Demonstrates a knowledge of visual task analysis including lighting • Understands the legal responsibilities for employees, employers, dispensing opticians and optometrists • Understands and identifies common ocular hazards and common or sight threatening leisure activities and occupations and the

			ability to advise patients
		4.1.5 Dispenses a range of lens forms to include complex lenses, multifocals and high corrections, and advise on their application to specific patients' needs	<ul style="list-style-type: none"> • Demonstrates correct interpretation of prescriptions • Understands the following lens parameters <ul style="list-style-type: none"> ○ Lens form, design, materials, coatings and tints, availability, blank sizes • Demonstrates understanding of frames covering the following: <ul style="list-style-type: none"> ○ Size, materials, relationship between frame, lenses and face • Demonstrates the appropriate lens and frame selection and justification (bearing in mind patient's lifestyle requirements) • Demonstrates appropriate frame adjustments
		4.1.6 Prescribes and dispenses spectacles for vocational use	<ul style="list-style-type: none"> • Identifies the vocational needs of the patient and carries out task analysis • Takes appropriate measurements • Prescribes and dispenses the most appropriate frames and lenses for the task
		4.1.7 Manages non-tolerance cases	<ul style="list-style-type: none"> • Identifies problems • Undertakes appropriate investigation and takes appropriate action • Explains to patient what course of action will be taken and obtains patient's agreement • Arranges follow-up if necessary
	4.2 The ability to advise on and to dispense low vision aids	4.2.1 Advises on the use of, and dispenses simple low vision aids including simple hand and stand magnifiers, typoscopes and hand held telescopes	<ul style="list-style-type: none"> • Identifies which patients would benefit from low vision aids and advice • Understands the principles of magnification, field of view and working distance in relation to different aids • Provides advice on the advantages and disadvantages of different types of simple low vision aids • Understands the mechanisms of prescribing magnification including acuity reserve • Gives correct instruction to patient in the use of various aids, to include: <ul style="list-style-type: none"> ○ Which specs to use with aid ○ Lighting required ○ Appropriate working distance • Provides basic advice on non-optical aids, use of contrast and lighting to enhance visual performance and daily living skills
		4.2.2 Understands the application of complex low vision aids	<ul style="list-style-type: none"> • Identifies appropriate patients for complex low vision aids • Selects the appropriate Visual Aid e.g. spectacle mounted telescopes, CCTV <ul style="list-style-type: none"> ○ Considering range: use/ magnification/ Limitations/ Lighting

			<ul style="list-style-type: none"> and environment <ul style="list-style-type: none"> ○ Demonstrates an awareness of other alternatives • Aware of access/ availability of services • Makes appropriate referral and potential outcome
Unit of Competency	Elements of Competence	Performance Criteria	Indicators
5. Contact Lenses <i>The ability to manage the fitting and aftercare of patients with contact lenses</i>	5.1 The ability to select and fit the most appropriate lens for the planned use and clinical needs of the patient	5.1.1 Chooses, fits and orders soft lenses	<ul style="list-style-type: none"> • Demonstrates an understanding of the range of soft lens materials and designs available • Makes the appropriate choice of lens parameters • Assesses the fit of lenses using a variety of techniques • Makes appropriate adjustment of lens for best fit • Writes an appropriate order for a soft lens
		5.1.2 Instructs the patient in soft lens handling and how to wear and care for them	<ul style="list-style-type: none"> • Instructs a patient in the techniques of soft lens insertion, removal and other relevant handling instructions • Instructs a patient on the principles of soft lens wear and care including the use of soft lens care products
		5.1.3 Choose, fits and orders rigid lenses	<ul style="list-style-type: none"> • Demonstrates an understanding of the range of rigid lens materials and designs available • Makes the appropriate choice of rigid lens parameters • Assesses the fitting of a rigid lens • Makes an appropriate adjustment of lens for best fit • Writes an appropriate order for a rigid lens
		5.1.4 Instructs the patient in rigid contact lens handling, and how to wear and care for them	<ul style="list-style-type: none"> • Instructs a patient in the techniques of RGP lens insertion, removal and other relevant handling instructions • Instructs a patient on the principles of RGP lens wear and care including use of RGP lens care products
	5.2 The ability to assess the progress in wear of a contact lens patient and to investigate, identify and manage any aftercare issues	5.2.1 Manages the aftercare of patients wearing soft lenses	<ul style="list-style-type: none"> • Demonstrates an understanding of the content and routine of a soft CL aftercare consultation • Carries out the relevant tests and assessments which are required in a routine soft lens aftercare consultation • Demonstrates an understanding of soft lens adaptation and aftercare issues and how to manage them
		5.2.2 Manages the aftercare of patients wearing rigid gas	<ul style="list-style-type: none"> • Demonstrates an understanding of the content and routine of a rigid CL aftercare consultation

		permeable contact lenses	<ul style="list-style-type: none"> Carries out the relevant tests and assessments which are required in a routine rigid lens aftercare consultation Demonstrates an understanding of rigid lens adaptation and aftercare issues and how to manage them
	5.3 The ability to select and fit the most appropriate complex lens for the planned use and clinical needs of the patient	5.3.1 Chooses and manages the fitting of toric contact lenses	<ul style="list-style-type: none"> Demonstrates an understanding of the types of astigmatism which require correction Chooses the appropriate type of CL correction to meet the relevant needs of the patient Demonstrates an understanding of the designs and material available in toric contact lenses and selects the appropriate toric lens for the needs of the patient
		5.3.2 Chooses and manages the correction of presbyopic patients	Demonstrates an understanding of the advantages/disadvantages of the various methods of managing presbyopia and chooses the most appropriate method for the needs of the patient
		5.3.3 Understands the techniques used in fitting complex contact lenses and advises patients requiring complex visual correction	<p>Knows the method for the CL correction of aphakia, high ametropia, keratoconus post-surgical and post-refractive surgery including:</p> <ul style="list-style-type: none"> The types of lenses available, their fitting characteristics, fitting technique and any patient advice required when fitting these lenses
Unit of Competency	Elements of Competence	Performance Criteria	Indicators
6. Ocular Disease The ability to identify and manage ocular abnormalities	6.1 The ability to manage patients presenting with eye disease, including sight threatening eye disease	6.1.1 Understands the risk factors for common ocular conditions	<p>Understands the risk factors for developing common ocular conditions including:</p> <ul style="list-style-type: none"> Glaucoma, cataract, diabetic, retinopathy and ARMED
		6.1.2 Interprets and investigates the presenting symptoms of the patient	<ul style="list-style-type: none"> Asks appropriate and relevant questions to follow up presenting symptoms Recognises a significant symptom (including reduced vision) Investigates the presenting symptom Interprets the results
		6.1.3 Develops a management plan for the investigation of the patient	<ul style="list-style-type: none"> Recognises that there is a need for action and further investigation within the primary care setting Chooses and carries out an appropriate technique for that investigation Interprets the results and acts in line with College of Optometrists and NHS guideline
		6.1.4 Identifies external pathology and offers	Uses an appropriate method for looking at the external eye, grades what is seen at the

		appropriate advice to patients not requiring referral	initial check and at follow up covering: <ul style="list-style-type: none"> ○ External eye and ocular surfaces ○ Lids, lashes, lumps/bumps and red eye ● Gives the correct advice/treatment and review period ● Aware of pharmaceutical agents available (legal status, indications, contraindications, and side effects and uses appropriate sources of medicines information) ● Explains clearly to the patient and checks their understanding
		6.1.5 Recognises common ocular abnormalities and refers when appropriate	Recognises, using appropriate technique/s, all of the following: <ul style="list-style-type: none"> ● Cataract ● Glaucoma or glaucoma suspects ● Anterior eye disorders e.g. blepharitis, dry eye, meibomian gland, dysfunction, lid lesions ● AMD and macular abnormalities Manages appropriately
		6.1.6 Manages patients presenting with cataract	<ul style="list-style-type: none"> ● Understands the impact of cataract on patients' lifestyle ● Provides advice on minimising impact on lifestyle- non surgical management ● Shows awareness of HES management- understands the risk and benefit of surgery ● Provides appropriate advice and management including, when necessary, referral for cataract extraction
		6.1.7 Manages patients presenting with red eye/s	<ul style="list-style-type: none"> ● Obtains relevant information from the patient ● Uses appropriate methods of examination to enable differential diagnosis ● Appropriately manages the patient after diagnosis
		6.1.8 Evaluates glaucoma risk factors, to detect glaucoma and refer accordingly	<ul style="list-style-type: none"> ● Discusses the key risk factors ● Identifies findings suggestive of open and closed angle glaucoma from clinical examination ● Uses above information to determine if referral is appropriate ● Decides on urgency and pathway of referral
		6.1.9 Manages patients presenting with macular degeneration	<ul style="list-style-type: none"> ● Distinguishes between wet and dry AMD from symptoms and clinical findings ● Establishes patient needs and visual function ● Makes appropriate recommendations for management or referral ● Understands potential treatments both medical and 'in practice' options
		6.1.10 Recognises,	<ul style="list-style-type: none"> ● Recognises and names correctly the stage

		evaluates and manages diabetic eye disease and refers accordingly	<p>of diabetic eye disease</p> <ul style="list-style-type: none"> • Gives local referral route and the appropriate timescales for referral for the following diabetic retinopathies: <ul style="list-style-type: none"> ○ Background/Maculopathy/ Pre-proliferative/ Proliferative
		6.1.11 Understands the treatment of a range of common ocular conditions	<ul style="list-style-type: none"> • Demonstrates a basic understanding of the treatment regimes of cataract, AMD, glaucoma, diabetic eye disease and minor anterior eye problems • Can discuss the treatment options for 2 of the above conditions
		6.1.12 Evaluates and manages patients presenting with symptoms of retinal detachment	<ul style="list-style-type: none"> • Identifies, evaluates and investigates significant symptoms • Assesses risk factors • Carries out an appropriate eye examination • Manages the findings according to local protocol
		6.1.13 Recognises ocular manifestations of systemic disease	<ul style="list-style-type: none"> • Provides evidence of examining patients and recognising ocular manifestations of systemic disease in hypertension and diabetes • Answers questions and recognises a range of ocular conditions from images provided by the assessor and relates these to the systemic disease
		6.1.14 Assesses symptoms and signs of neurological significance	<ul style="list-style-type: none"> • Assesses the relevant symptoms and signs • Understands which signs/symptoms could relate to a neurological condition and the follow up information required to make a differential diagnosis • Understands the significance and relative importance of the findings • Manages appropriately
		6.1.15 Recognises adverse ocular reactions to medication	<ul style="list-style-type: none"> • Shows awareness relating to sources of information of adverse reactions • Provides evidence of the recognition of an adverse reaction to medication (systemic or topical) • Identifies and/or lists the Ocular Adverse reactions to a range of common medications (systemic or topical) • Describes the reporting scheme
Unit of Competency	Elements of Competence	Performance Criteria	Indicators
7. Assessment of Visual Function <i>The ability to assess visual function in all</i>	7.1 The ability to make appropriate prescribing and management decisions based on the refractive and	7.1.1 Refracts a range of patients with various optometric problems by appropriate objective and subjective means	<ul style="list-style-type: none"> • Achieves accurate retinoscopy, and end point subjective results • Near add and range appropriate to needs • Uses appropriate methods of checking e.g. +1.00Ds blur and use of pin-hole • Understands the relationship between

<i>patients</i>	ocular motor status		vision and prescription and symptoms and prescription
		7.1.2 Uses appropriate diagnostic drugs to aid refraction	<ul style="list-style-type: none"> • Understands the indications/contraindications/legal aspects for use and supply of cycloplegic drugs • Carries out the procedure safely • Interprets the results
		7.1.3 Assesses children's visual function using appropriate techniques	<p>Uses a range of assessment strategies according to age and ability to include:</p> <ul style="list-style-type: none"> ○ Vision, OMB, and Stereopsis <p>Knows the expected norms for different ages</p>
		7.1.4 Understands the techniques for assessment of vision in infants	Describes the use of vision testing equipment, for an infant under 2-years old, for example, preferential looking, optokinetic nystagmus
		7.1.5 Assesses patients with impaired visual function and understands the use of specialist charts for distance and near vision, and the effects of lighting, contrast and glare	<ul style="list-style-type: none"> • Assesses vision and adapts refraction routine depending on circumstances, for example, age, amblyopia, visual impairment • Is realistic in their expectations of the patient • Understands the use and scoring of specialist charts e.g. Peli Robson, LogMar to assess vision/VA and contrast sensitivity • Understands the benefits of lighting and the adverse effects of lighting/glare
		7.1.6 Understands the special examination needs of patients with learning and other disabilities	<ul style="list-style-type: none"> • Recognises what range of patients have special examination needs • Treats those with learning and other disabilities without prejudice in a courteous and sensitive manner and, in addition, have an ability to empathise with the patient • Demonstrates an awareness of the need to be flexible in their approach to the examination, amending and adapting techniques and communication appropriately
		7.1.7 Understands the special examination needs of patients with severe visual field defects	<p>Understands the different types of severe visual field defect, and how to adapt examination technique to take them into account, in particular:</p> <ul style="list-style-type: none"> • Consideration of patient's mobility • Adaptation of routine
Unit of Competency	Elements of Competence	Performance Criteria	Indicators
8. Assessment and Management of Binocular Vision	8.1 The ability to assess and make appropriate prescribing and management	8.1.1 Assesses binocular status using objective and subjective means	<ul style="list-style-type: none"> • Takes a case history that covers patient history and symptoms relevant to binocular status only • Undertakes objective tests using suitable targets, and assessing deviation accurately

decisions based on the ocular motor status of the patient		<ul style="list-style-type: none"> • Undertakes subjective tests using suitable targets, as appropriate to patient
	8.1.2 Understands the management of patients with an anomaly of binocular vision	<ul style="list-style-type: none"> • Recognises which management option is appropriate dependant on presenting symptoms and history • Demonstrates an understanding of the principles of different types of management including refractive, orthoptic, prismatic, surgery • Is able to describe in detail the orthoptic exercises given
	8.1.3 Investigates and manages adult patients presenting with heterophoria	<ul style="list-style-type: none"> • Relates OMB tests and symptoms and decides on appropriate management • Evidences correct management including complete patient advice • Is able to discuss alternatives including prism, refraction, exercises and referral
	8.1.4 Manages adult patients with heterotropia	<ul style="list-style-type: none"> • Identifies onset and type of tropia from appropriate questions during symptoms and history and appropriate clinical tests • Demonstrates appropriate management of different types and onsets of tropia • Understands treatment options including potential benefits/limitations of squint surgery • Gives advice to patient about their condition and possible effect on lifestyle e.g. driving
	8.1.5 Manages children at risk of developing an anomaly of binocular vision	<ul style="list-style-type: none"> • Identifies signs and symptoms in relation to personal/ family history • Understands/ administers and interprets appropriate examination procedures with respect to age and developmental ability • Provides appropriate management of the child
	8.1.6 Manages children presenting with an anomaly of binocular vision	<ul style="list-style-type: none"> • Identifies and manages significant heterophoria or strabismus in children • Demonstrates knowledge of possible orthoptic treatment at hospital • Demonstrates knowledge of hospital waiting list times locally
	8.1.7 Manages patients presenting with an incomitant deviation	<ul style="list-style-type: none"> • Carries out and interprets motility and cover test results • Takes and interprets History and Symptoms • Recognises that additional tests are required and interprets the results • Appropriately manages the condition • Understands the musculature involved

APPENDIX I: Supervision Requirements

It is a requirement for those supervising trainees or those undertaking delegated activities to be able to demonstrate to the GOC that the supervision is *adequate*.

We define 'adequate supervision' as provided by a registrant who:

- is sufficiently qualified and experienced to themselves undertake the functions they are supervising;
- is not only on the premises but in a position to oversee the work undertaken and to intervene if necessary in order to ensure protection of the patient;
- must retain clinical responsibility for the patient;
- must ensure that no untoward consequences to the detriment of the patient can arise from the actions of a person who is being supervised;
- must ensure compliance with all legal requirements governing the activity.

Additional Requirements for Supervision of Trainees undertaking Practice Based Learning

Trainees undertaking practice-based learning must practice under the supervision of an appropriately qualified, registered and approved supervisor.

To supervise you must:

- Have at least two years recent and relevant post qualification practical experience;
- Have maintained a minimum of two years continuous GOC registration;
- Comply with the GOC code of conduct in their professional practice;
- Ensure that your students are registered with the GOC;
- Meet the approval criteria of Providers;
- Provide continuous personal supervision, i.e. be in the practice when the student is in professional contact with patients and be able to intervene as necessary;
- Support, observe and mentor;
- Provide a sufficient and suitable learning environment;
- Ensure the student has access to the appropriate equipment to meet the requirements of the Route to Registration;
- Be familiar with the assessment requirements, guidelines and regulations of the Route to Registration;

- Ensure that when the student is in professional contact with patients they are clearly identified as a trainee under supervision and that the identity of the supervisor is also made clear to the patient.

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APPENDIX J: Standard Report Template (QA visits)



**Quality Assurance Visit to:
University of xxxx**

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Date of visit:

Date confirmed by GOC Education Committee:

Part 1

1. **Details of the Provider**2. **Head of Department**3. **Programme**4. **Awarding Body**5. **The Visitor Panel**6. **Procedures for the Visit**

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 competencies and requirements, and that the course can continue to be recognised by the GOC.

The visit was carried out under the Procedures for the Approval and Quality Assurance of Routes to Registration in Optometry (the Handbook). This document is available at www.optical.org

7. **Proposals of the Visitor Panel**

The visitor panel proposes to the GOC Education Committee Continued Approval of the following programme:

XXX programme

The next visit will take place in:

8. **Standard Requirements for Continued Approval**

These conditions apply in all circumstances of accreditation. Failure to comply with these conditions will result in a visit to review ongoing accreditation.

Providers must:

- I. Submit to the General Optical Council each year an annual monitoring report to include data on student numbers, progression and pass rates, progress against existing conditions and recommendations.
- II. Notify the GOC of any planned changes to the structure, delivery, resourcing, staffing and accommodation for each route to registration.
- III. Inform the Council of any planned changes to the approved student intake numbers of more than 10%.
- IV. Ensure that all students undertaking training, assessment or practical experience for the purposes of becoming an Optometrist are registered with the GOC for the duration of their training.

9. **Commendations**

The visitor panel commend the following:

10. **Conditions**

The visitor panel proposes the following conditions. The GOC expects the training provider to report on how it will address these conditions.

11. **Recommendations**

The visitor panel offers the following recommendations to the training provider on improvements, which, it is felt, would assist course development and raise standards.

12. **Commentary against the Handbook requirements**

The visitor panel will provide commentary against the GOC requirements where appropriate.

12.1 **Public Protection**

12.2 **Student Experience**

12.3 **Student Assessment**

12.4 **Monitoring and Evaluation**

12.5 **Accommodation and Resources**

12.6 **Professional Requirements**

13. **Other information**

14. **Documentation provided**

15. **Next steps**

Current Handbook: rationale for revision and issues to address	Feedback from key stakeholders on <u>existing</u> handbook: Providers, Visitor Panel and Education Committee	The <u>revised</u> Handbook: proposed amendments	Type of amendment	Decision made by Education Committee at 3 rd July meeting	Feedback received <u>to date</u> on proposed amendments from Education Committee and Providers during workshops held on 22 nd January 2015 and 18 th May 2015.
<p>Quality Assurance: Procedures and Guidance</p> <p>Objective: The quality assurance of approved routes to registration must be fair, transparent, proportionate, and in line with PSA standards and good practice being demonstrated across healthcare regulation.</p>					
<ul style="list-style-type: none"> GOC's Quality Assurance (QA) procedures last updated in 2010. Current process does not reflect good practice across regulation. Existing procedures, requirements and underpinning guidance lack transparency which has affected the Provider's ability to understand the GOC's expectations as to the standards that must be demonstrated Difficult for Visitor Panel to maintain consistency as current standards are too open to interpretation and difficult to apply to the range of scenarios that may arise during a visit. 	<ul style="list-style-type: none"> Handbook does not reflect developments in optical education e.g. Integrated Masters. Handbook is not user friendly for either providers or visitor panel, in terms of understanding quality assurance visit requirements and procedures. Preparation of pre-visit documentation is an administrative burden for providers to produce. The Visitor Panel questioned the usefulness of the pre-visit documents and reported that the information given by providers is not always sufficient or relevant to the purpose of the visit in verifying that standards are being met. 	<ul style="list-style-type: none"> Quality assurance requirements and procedures are more clearly defined in the Handbook enabling it to be used by the Visitor Panel as a set of procedures and guidance for conducting visits and also to be used by providers as a set of procedures and guidance when preparing for GOC visits. Stronger focus on key areas identified by the PSA as public protection, the student experience and patient feedback. Introduction of the Course Appraisal: this document is critical self-evaluation of the programme by the provider which will provide the GOC with a more useful and meaningful profile of the programme under consideration Introduction of the Student Appraisal: this document will be used to capture more detailed student 	<p>FORMAT & WORDING AMENDMENT TO EXISTING REQUIREMENT Sections 2 and 3 provide procedural guidance on the visit process.</p> <p>PRESENTATIONAL CHANGE OF EXISTING REQUIREMENT Clear articulation of existing requirements under overarching standards in line with PSA requirements and good practice.</p> <p>PROCEDURAL CHANGE Existing Model Existing model captures information in discussions during visit and through multiple documents submitted prior to the visit. Revised Model: Key information captured prior to the visit for review by the panel and used as an agenda for discussions during visits.</p> <p>PROCEDURAL CHANGE Existing Model</p>	<p><i>The Committee noted the revised format and wording amendment.</i></p> <p><i>The Committee noted and supported the presentational change of existing requirement.</i></p> <p><i>The Committee supported the proposed procedural change.</i></p> <p><i>The Committee supported the proposed procedural change.</i></p>	<p>The proposed amendments to the process were discussed by the Education Committee at the workshop in January 2015.</p> <p>Providers are supportive of the increased transparency and clearer articulation of the requirements. They have raised some questions on how student feedback is captured and this will need to be considered as part of implementation.</p> <p>Providers also supported the proposal to change pre-visit document requirements to be more concise, robust and clearly defined to providers in the Handbook.</p>

		<p>feedback and support the GOC's stronger focus on the student journey in quality assurance</p> <ul style="list-style-type: none"> Establishment of the Vice-Chair role on Visitor Panels to support the Lay chair in giving feedback to providers from a clinical/academic perspective at the conclusion of a visit The GOC will explore with providers the mechanisms they have for capturing patient feedback during visits. The focus on patient feedback has been captured under the establishment of the standard Public Protection which requires the provider to give evidence of patient engagement in the internal 	<p>Existing model captured information in discussions during visit. Limited information received on student feedback prior to visit other than NSS scores.</p> <p>Revised Model: Key information captured prior to the visit for review by the panel and used as an agenda for discussions during visits.</p> <p>PROCEDURAL CHANGE Existing Model No vice-chair role established. Revised Model: This is an additional responsibility undertaken by an existing Optometrist panel member (rather than the addition of a new panel member). This role is not remunerated and offers a development and training opportunity to panel members. This process was successfully piloted at recent visits and has benefited the provider in terms of the feedback given by the Lay Chair at the conclusion of the visit is now clearly supported by professional knowledge and expertise offered by the vice-chair where necessary.</p> <p>PROCEDURAL CHANGE Existing Model The handbook contains no formal mechanism for capturing patient feedback during visits. Revised Model <i>Public Protection</i> requirement established to require providers to give evidence of patient feedback processes.</p>	<p><i>The Committee supported the proposed procedural change.</i></p> <p><i>The Committee supported the proposed procedural change.</i></p>	
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		<p>programme evaluation and stakeholder feedback processes.</p> <ul style="list-style-type: none"> • Inclusion of new definitions of the Visit Outcomes and provision of criteria that must be met for the Panel to judge whether a condition, recommendation, or commendations should be given based on the evidence provided. 	<p>This standard is in line with PSA requirements.</p> <p>FORMAT & WORDING AMENDMENT TO EXISTING REQUIREMENT Clearer articulation of existing visit outcomes within the handbook to provide increased transparency to providers.</p>	<p><i>The Committee supported the proposed procedural change.</i></p>	
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Accreditation of New Programmes: Procedures and Guidance

Objective: The GOC procedures for accreditation must ensure that the process is fair, transparent and consistent with GOC governance policy and the approach of other healthcare regulators.

<ul style="list-style-type: none"> • The current handbook provides insufficient clarity on status of programmes whilst under provisional approval resulting in a need for explanatory guidance on GOC website • The existing procedures must be updated to align with GOC governance policy and reflect the good practice of other healthcare regulators. The GOC Education Committee are currently responsible for conducting visits to new programmes which conflicts with their duty to consider and approve the reports (as they are prevented from undertaking an independent scrutiny role in the approval of the visit reports). 	<ul style="list-style-type: none"> • Providers and the Visitor Panel have requested that there is more transparency in the GOC’s process of accrediting new programmes and that the role of the Education Committee in the report approval process is more clearly defined. 	<ul style="list-style-type: none"> • The revised handbook has a section dedicated to guiding providers through the process of applying for accreditation from initial paper submission through duration of provisional approval. • The Visitor Panel’s remit has been extended to include accreditation visits to new programmes. The proposed change will enable the Committee to undertake an independent scrutiny role in the consideration and approval of visit reports which will align to GOC governance procedures and reflect good practice in healthcare regulation. 	<p>FORMAT & WORDING AMENDMENT TO EXISTING REQUIREMENT Clearer articulation of the existing process. Section 2 of the handbook is dedicated to the accreditation of new programmes to provide increased transparency.</p> <p>GOVERNANCE CHANGE PROPOSED Existing Model Accreditation visits are currently conducted by the Education Committee Panel. Revised Model: All visits to be conducted by the Independent Panel.</p>	<p><i>The Committee supported the proposed procedural change.</i></p> <p><i>The Committee supported the proposed governance change.</i></p>	<p>The Education Committee has supported the proposal to adopt an independent scrutiny role in the report consideration and approval process.</p> <p>The Education Committee has proposed that an opportunity is provided for a member to observe an accreditation visit (if deemed necessary and with the agreement of the provider being visited).</p> <p>Providers have proposed that Panels include a representative from another provider, however this was not supported by Education Committee on the basis this would compromise the independence of the process and the independent panel already includes members with current academic portfolios within Optometry schools.</p>
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		<ul style="list-style-type: none"> The GOC Head of Education and Standards will undertake an advisory role, and offer procedural guidance to providers on the application process and development of their submission for the accreditation of a new programme. This will streamline the application process as providers will only submit a formal application to the Education Committee once the Head of Education and Standards is satisfied that the submission meets the requirements of Provisional Approval. It is intended that the changes will strengthen the GOC's relationship with providers in terms of offering support throughout the accreditation process and enable accreditation visits to only be conducted once a programme has reached a sufficient level of readiness making the process more efficient. 	<p>GOVERNANCE CHANGE PROPOSED</p> <p>Existing Model The Head of Education and Standards acting as Chair for accreditation visits.</p> <p>Revised Model: Change in role of Head of Education and Standards to undertake advisory role on procedural matters relating to the accreditation of new programmes.</p>	<p><i>The Committee supported the proposed governance change.</i></p>	
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Academic Requirements

Objective: Education models are developing to be more diverse, innovative and integrated with practical training elements; the GOC's academic requirements must be responsive to the changing demands of the profession in order to enable access to the profession through a range of pathways to qualification.

<ul style="list-style-type: none"> The GOC's academic requirements for the approval of programmes are prescriptive, based on inputs and no longer apply to new and evolving routes to registrations such as integrated pathways (Herefordshire model) and masters qualifications. Current requirements stipulate: 	<ul style="list-style-type: none"> Providers are supportive of proposal to amend the academic requirements to reflect changes and enable innovation in the development of future education models. 	<ul style="list-style-type: none"> The Handbook no longer stipulates specified credit weightings and percentages relating to the programme content, design and construction, instead focusing on the outcomes a programme must deliver, e.g. 	<p>FORMAT & WORDING AMENDMENT TO EXISTING REQUIREMENT TO REFLECT NEW TYPES OF PROVISION</p> <p>The 2:2 degree classification has been retained and an equivalent to this standard has now been provided at</p>	<p><i>The Committee supported the revised format and wording amendment and noted the strategic review of education will include consideration of academic requirements.</i></p>	<p>The Committee supported the proposal to remove the 2:2 standard (and agreed that the requirement is outdated and no longer applies to evolving programmes). There was a general consensus that the focus should be on ensuring providers take responsibility for ensuring that the professional standards, competencies and patient experience</p>
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<ul style="list-style-type: none"> ➤ The graduate achieves a 2:2 degree classification at undergraduate level ➤ Specified credit weightings and percentages relating to of programme content, design and construction 	<ul style="list-style-type: none"> • Providers expressed a desire to retain a form of academic requirement in GOC regulations (other than a 2:2 classification) in order to maintain the students motivation to achieve at 2:2 level (or above) from the first year of study. The general consensus was to replace the 2:2 standard with a 50% (or above) pass requirement for all modules that count towards professional requirements 	<p>the knowledge, skills and experience.</p>	<p>Masters level (see Section 4.6.4).The Handbook is more <u>outcomes focused</u> and no longer specifies programme design and credit weightings.</p> <p>The Strategic review of education will include consideration of the academic requirements.</p>		<p>requirements are met by all students prior to being awarded the Certificate of Professional Competence and graduating rather than academic attainment.</p> <p>The Committee supported the proposal that the strategic review of education and training include consideration of the academic 2:2 requirement. Consideration should also be given to providers taking more responsibility for ensuring that the professional standards, competencies and patient experience requirements are achieved by all students prior to being awarded the Certificate of Professional Competence and graduating rather than academic attainment.</p>
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Staffing

Objective: Education models are developing to be more diverse, innovative and integrated with practical training elements; the GOC’s staffing requirements must be relative and proportionate to the mode of delivery and programme design.

<ul style="list-style-type: none"> • The current handbook establishes a staff-student ratio of 17:1 in academic teaching environments. The number is not evidence-based and does not recognise that different ratio’s may be appropriate dependent on the mode of delivery e.g. distance learning versus attendance. 	<ul style="list-style-type: none"> • Providers want the GOC to retain prescriptive inputs relating to staffing requirements to protect against university efficiency cuts on staffing budgets and restructures. 	<ul style="list-style-type: none"> • Following provider feedback, the Handbook has retained the 17:1 staff: student ratio for academic teaching. This standard requires more strategic review as it does not recognise that different modes of delivery require different levels and types of staff (17:1 is not applicable to the diverse range of models accredited by the GOC. • This standard is now measured under two standards (Student Experience and Facilities & Resources) which requires providers to demonstrate that there is an appropriate number of staff in place (with a range of expertise) to adequately support the mode of delivery and maximum student capacity. This allows the GOC 	<p>NO CHANGE TO EXISTING REQUIREMENT</p> <p>Following feedback from providers, no change has been made and the staff-student ratio of 17:1 has been retained as <u>Appendix E</u> Resource Allocation.</p> <p>FORMAT & WORDING AMENDMENT TO EXISTING REQUIREMENT</p> <p>As above, 17:1 ratio has been retained, and in addition, <u>existing</u> requirements are now covered under two standards: Student Experience and Facilities & Resources in order for the GOC to apply this</p>	<p><i>The Committee noted that the risks associated with increasing student numbers will be considered as part of the strategic review of education.</i></p> <p><i>The Committee supported the revised format and wording amendment.</i></p>	<p>The Education Committee supported the proposal for the GOC to take a less prescriptive approach to stipulating programme design and construction. The Committee also supported the establishment of revised standards to check that staff student ratios are appropriate to the mode of course delivery.</p> <p>Providers have requested the 17:1 student: staff ratio be retained.</p>
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		to retain influence in respect of resourcing levels.	requirement to new models. No additional requirements have been introduced.		
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Patient Experience Requirements

Objective: Patient Experience requirements must be explicit and clearly defined in order for the GOC to ensure that graduates of approved programmes are achieving the required patient numbers to be fit to join the GOC Register upon qualification.

<ul style="list-style-type: none"> • The outcomes of quality assurance visits have shown that providers have a lack of understanding of the GOC’s patient experience requirements. This has resulted in the Visitor Panel placing the majority of approved programmes under conditions with providers being re-visited by the GOC on an annual basis. 	<ul style="list-style-type: none"> • The Visitor Panel and providers have requested that the Handbook clearly define the GOC’s patient experience requirements and include guidance to underpin and support each category of patient experience. Providers have also requested that the GOC explicitly state the type of experience that <u>cannot</u> count towards overall patient numbers • The Panel has raised concerns regarding their ability to be consistent in making recommendations to providers in their reports (in relation to patient exp). This is due to providers’ interpreting the GOC patient experience requirements in different ways. The Panel has found it difficult to challenge providers (in procedural terms) as the Handbook does not provide explicit definitions of patient experience in each category which they can refer to during a visit. 	<ul style="list-style-type: none"> • Patient experience requirements have been reviewed following the feedback received from providers and the Visitor Panel. Patient Experience categories have been re-defined so that the requirements are more explicit in the Handbook and supported by underpinning definitions which will enable the Visitor Panel, providers and students to have a clear understanding of the expectations of the GOC. <p>The key changes in the Handbook are:</p> <ul style="list-style-type: none"> ➤ A safe/ unsafe rating has been introduced to determine what experience can be recognised towards GOC requirements. ➤ The activities that must be undertaken within each episode have been explicitly listed for each category of experience. ➤ Inclusion of definitions of <u>Patient Episode</u>, <u>Real Patient</u>, and the use of <u>Volunteer Patients</u> for each category of experience. ➤ More explicit reference to acceptable ratios of students: patients for students working in groups for each category 	<p>FORMAT & WORDING AMENDMENT TO EXISTING REQUIREMENT</p> <p>The handbook contains definitions and guidance for each patient experience category. These requirements have been presented more clearly in a table categorising each GOC requirement.</p>	<p><i>The Committee supported the revised format and wording amendment to better define patient experience categories.</i></p> <p><i>The Committee noted that patient experience requirements (and what stage in the route to registration experience should be gained) will be considered as part of the strategic review of education.</i></p>	<p>The GOC held focused workshops with both the Education Committee and training providers which focused on reviewing the amendments to the patient experience requirements. The process resulted in the following alterations which have been incorporated into the revised requirements in the new Handbook:</p> <ul style="list-style-type: none"> ➤ Definitions of real patient and patient episode have been more explicitly defined ➤ Ratios for student group work have been re-adjusted to reflect good practice ➤ Clarity has been provided on when it is appropriate for volunteer patients or observations to be used. ➤ Terminology and criteria have been agreed to determine when an episode can count towards minimum patient numbers and when it must not. <p>As a result of these amendments the handbook now explicitly reflects the definitions and requirements that have been imposed on providers through enforcement of Conditions following visits having identified unacceptable practices being used to meet the patient experience requirements.</p>
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		<ul style="list-style-type: none"> ➤ Inclusion of requirement for Stage 2 experience included within handbook (previously listed elsewhere) ➤ Patient Experience requirements presented in a table format- easier to understand and more user-friendly 			
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Core Competencies

Objective: The GOC should enable providers to have flexibility as to how they integrate the GOC Core Competency Framework within their course curriculum so that new and innovative education models develop that offer a quality learning experience to the student.

- The Provider must ensure that graduates of the approved route to registration are sufficiently competent to be safe to see patients under supervision and fit to join the GOC register having demonstrated achievement of all elements of the GOC Core Competency framework (Stage 1 and Stage 2).

<ul style="list-style-type: none"> • The Core Competencies were last reviewed in 2011. Scopes of practice are evolving, this is happening at different rates throughout the UK. • Providers are considering offering different models that include higher post graduate qualifications and looking at knowledge and skills relating to enhanced service delivery (glaucoma management, diabetic screening etc) or specialist practice (e.g. Therapeutics) 	<ul style="list-style-type: none"> • Providers have given feedback that the core competency framework is restricting their ability to be more innovative in the development of course curriculum. Provider have input in the revision of the core competencies at Stage 1 & Stage 2. 	<ul style="list-style-type: none"> • The GOC will review and determine changes to the core competency framework as part of the Standards Review. Providers and the Visitor Panel will be involved in the review process. 	<p>NO CHANGE TO EXISTING REQUIREMENT</p> <p>No change has been made to the GOC core competency framework (core competencies are attached at appendix G and H of revised handbook).</p>	<p><i>The Committee supported the core competency framework will be reviewed as part of the Strategic Review of Education.</i></p>	<p>Both the Education Committee and Providers are supportive of the competencies being reviewed as part of a strategic review of education and training within the standards project.</p>
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Education and Training Requirements

Objective: The GOC requirements for the approval of education programmes must be clearly defined and presented in a clear and concise format that can be applied to education providers delivering any part of a route to registration. The requirements must be aligned to good practice being demonstrated across healthcare regulation and championed by the PSA.

The requirements must be redefined so that the GOC is able to apply them to different stakeholders who will be using the requirements for different purposes, this includes:

- The Visitor Panel and Education Committee (as a set of requirements, procedures and guidance for visits)
- Regulated providers delivering accredited programmes (as a set of requirements, procedures and guidance for visits)
- Universities and institutions seeking accreditation of a new programme
- Members of the public seeking information on how the GOC ensures the protection of the public through regulation of education and training

<ul style="list-style-type: none"> • The existing requirements are categorised under the following areas: <ul style="list-style-type: none"> ➤ Programme construction ➤ Teaching, learning and assessment 	<ul style="list-style-type: none"> • The Visitor Panel had strong views that the Handbook does not clearly define the current requirements for approval or provide any underpinning 	<ul style="list-style-type: none"> • The requirements of other healthcare regulators were reviewed in order to determine how to revise and re-define the GOC's existing requirements. This process led 	<p>FORMAT & WORDING AMENDMENT TO EXISTING REQUIREMENTS</p> <p><u>No new requirements have been imposed.</u> The revised handbook categorises the</p>	<p><i>The Committee supported the revised format and wording of the education and training requirements.</i></p>	<p>A workshop was held with members of the Education Committee to consider and determine the format, structure and content of the proposed six requirements. The Education Committee supported the establishment of the six key areas that</p>
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<ul style="list-style-type: none"> ➤ Student progression and achievement ➤ Monitoring and evaluation ➤ Staffing ➤ Resources and facilities <ul style="list-style-type: none"> • Existing requirements are prescriptive, and based on inputs rather than critical review of output standards and evidence which is the approach adopted by other healthcare regulators in response to PSA standards of good practice. • The PSA has identified public protection, patient feedback and student experience as important areas of focus in the requirements used by healthcare regulators to assess education and training. Regulators have updated their standards to have stronger emphasis on these areas in their approach to accreditation and QA. 	<p>guidance to providers on how to meet them.</p> <ul style="list-style-type: none"> • The Visitor Panel also reported that it was difficult to be consistent in their approach to quality assuring programmes against the existing requirements due to the different ways providers had interpreted them. • The Panel had strong views that public protection and patient feedback (particularly for registerable degrees) should form a more central part of the GOC's accreditation and quality assurance process. 	<p>to the establishment of six requirements (covering key areas identified by the PSA and in healthcare regulation) designed to provide clear outcomes that can be measured through specified indicators:</p> <ul style="list-style-type: none"> ➤ Public Protection ➤ Student Experience ➤ Student Assessment ➤ Monitoring and Evaluation ➤ Facilities and Resources ➤ Professional Requirements <ul style="list-style-type: none"> • The revised requirements are based on the GOC's existing requirements, but are more explicitly defined and presented in a clear and concise format that can be applied to education providers delivering any part of a route to registration. In line with PSA standards and good practice across regulation, the revised standards have an increased emphasis on public protection, the student journey and patient feedback. • Whilst the GOC has been specific in stipulating the requirements, guidance is less prescriptive in terms of how the provider evidences they have met a requirements through documentation or the visit itself. The <u>indicative evidence</u> section (which underpins each requirement at Stage 1 and Stage 2) offers <i>examples</i> of evidence that 	<p>existing requirements under the following areas:</p> <ul style="list-style-type: none"> ➤ Public Protection ➤ Student Experience ➤ Student Assessment ➤ Monitoring and Evaluation ➤ Facilities and Resources ➤ Professional Requirements <p>The existing requirements are now more explicitly defined and presented in a clear and concise format in line with PSA standards and good practice across regulation.</p> <p>FORMAT & PRESENTATIONAL CHANGE TO EXISTING REQUIREMENT</p> <p>Existing requirements more explicitly defined and presented in a clear and concise format.</p> <p>PRESENTATIONAL CHANGE & PROVISION OF FURTHER GUIDANCE</p> <p>Indicative evidence provided to underpin requirements at Stage 1 and Stage 2 offering <i>examples</i> of evidence that could be used by the provider to demonstrate achievement of the requirements.</p>	<p><i>The Committee supported the revised presentation and format.</i></p> <p><i>The Committee supported the proposal to introduce indicative guidance for each requirement to support providers in providing evidence that is appropriate and sufficient to demonstrate compliance with GOC standards.</i></p>	<p>existing standards had been defined under and endorsed the new format and structure.</p> <p>Providers have indicated their full support for both the revised headings and the clearer definition of what outcomes must be met to meet each requirement. They also found the introduction of indicative evidence useful.</p> <p>The Education Committee requested that the revised handbook define the requirement at Stage 1 and Stage 2. This change has been incorporated in the underpinning 'indicative evidence' sections which differentiate between the evidence that can be used to demonstrate achievement of a requirement at Stage 1 and Stage 2.</p>
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		<p>could be used by the provider to demonstrate achievement of a particular requirement (or a number of requirements).</p>	<p>The evidence cited is drawn from the list of material routinely reviewed by the panel during visits.</p>		
<p>Visit Report</p> <p>Objective: Visit Reports must focus on outcomes and evidence in order for the GOC to be more transparent in the process used by the Visitor Panel to form their conclusions and support the recommendations made following Accreditation and Quality Assurance Visits.</p>					
<ul style="list-style-type: none"> • The visit report has not been updated since 2010. • The current report style, structure and content is restrictive and prevents the Visitor Panel from providing a clear and cohesive narrative to support their recommendations to the provider. Reports must adopt a stronger focus on outcomes and evidence to reflect the up-to-date reporting style bring used by other regulators. 	<ul style="list-style-type: none"> • Providers and Visitor Panel have identified visit reports as a key area for development following GOC visits and recent workshops. Providers and the Visitor Panel have given feedback that reports do not contain a focused narrative that clearly states the Panel’s reasons and evidence used in order to form their conclusions (conditions and recommendations). 	<ul style="list-style-type: none"> • The Visit report has been revised to have a stronger focus on outcomes and evidence with supporting commentary related to the six requirements. The new structure of the report will enable the Visitor Panel to clearly justify the reasons for their recommendations and state the evidence that was used to form their conclusions. • Commendations have been introduced to the report as a way to highlight distinctive features and areas of excellence (reflecting PSA standards of good practice). • The revised report will be used for accreditation visits to courses under provisional 	<p>FORMAT & PRESENTATIONAL CHANGE TO EXISTING REPORT TEMPLATE The new structure of the report has a stronger focus on visit outcomes and evidence used to form the visit conclusions. This is now contained in section 1 of the report.</p> <p>FORMAT & PRESENTATIONAL CHANGE TO EXISTING REPORT TEMPLATE <u>Existing Model</u> Current report template does not contain a commendations section, and elements of good practice are highlighted through report commentary. <u>Revised Model:</u> The updated report template contains commendations as part of the visit outcomes in section 1 of the report.</p> <p>PRESENTATIONAL CHANGE TO EXISTING REPORTING PROCESS <u>Existing Model</u></p>	<p><i>The Committee supported the revised report format.</i></p> <p><i>The Committee supported the establishment of commendations within visit reports.</i></p> <p><i>The Committee supported the revised report format.</i></p>	<p>The Committee supported the revised report format and welcomed the stronger focus on outcomes and evidence. Members acknowledged that the new format should improve the overall process of the Committee’s role in approving visit reports as the provision of more focused underpinning commentary (against the six standards) will clearly explain how the panel came to form their conclusions at the visit.</p> <p>The reports of recent visits to Aston University and City University were produced using the principles of the new report format. Positive feedback was received on the new format from institutions and the visitor panel. Providers welcomed the introduction of commendations as a way to celebrate excellence and define the distinctive features of different institutions. Providers also welcomed the GOC’s intention to help institutions to maintain and increase their level of resource through the recommendations made in reports.</p>

		approval (currently a letter is produced rather than a report). This will ensure consistency with the quality assurance process and align the GOC's approach with other regulators.	The outcomes of accreditation visits and re-visits captured in letter format. Revised Model: The outcomes of all types of visits (accreditation, QA and re-visit) will be recorded in a report template. This amendment will enable the GOC to adopt a more consistent approach to reporting. This format will produce more meaningful and comprehensive reports with a stronger focus on outcomes and evidence.		
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Post-Visit Report Approval Process

Objective: The post-visit report approval process must be transparent and clearly defined so that stakeholders have an understanding of GOC governance processes, and the role of the Education Committee in the consideration of the outcomes recommended by the Visitor Panel in their reports.

<ul style="list-style-type: none"> • The current Handbook does not contain procedures for the consideration and approval of visit reports. • All information relating to accreditation and quality assurance should be contained in one document. This is consistent with the more transparent approach of other healthcare regulators reflecting best practice. 	<ul style="list-style-type: none"> • The Visitor Panel and Providers are seeking clarification from the GOC on the role of the Education Committee in the report approval process. 	<ul style="list-style-type: none"> • The revised Handbook contains procedures and guidance about the report consideration and approval process, post-visit timescale and the role of the Education Committee. • The visit report appeals policy has been updated to reflect the organisational complaints procedure. The updated procedures enable the provider to appeal a report outcome via an Appeals Panel (established by the GOC Head of Education & Standards and Chair of the Education Committee). The GOC Governance team were 	<p>PRESENTATIONAL CHANGE A section is now dedicated to Report Review Procedures so that providers have a clear understanding of this process (This policy is currently published on the GOC website as a separate document).</p> <p>PROCEDURAL & GOVERNANCE CHANGE Existing Model The current policy does not refer to the GOC's complaint policy and contains out of date references GOC's Executive structure. Revised Model: The appeals policy has been updated to be consistent with other healthcare regulators. This reflects</p>	<p><i>The Committee supported the inclusion of report review and appeals procedures within the revised handbook.</i></p> <p><i>The Committee supported the revision to the appeal procedure within the handbook.</i></p>	<p>The proposed changes to the process have been supported by the Committee. Members of the Committee will receive further guidance from the GOC Head of Education and Standards regarding their role in the report review and report appeals process.</p>
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		consulted in developing this section of the Handbook.	good practice. The use of an appeals panel is in line with GOC values of fairness, acting responsively and being accountable for decisions.		
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