

Glasgow Caledonian University
Report of the outcomes of the adaptation to the GOC education & training requirements
Postgraduate Diploma in Independent Prescribing for Optometrists (PgDip IP)
GCU-IP1-ETR
Report confirmed by GOC 14 May 2025

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SECTION ONE – ABOUT THIS DOCUMENT

1.1 ABOUT THIS DOCUMENT

This report outlines the outcomes of the review of Glasgow Caledonian University's adapted Postgraduate Diploma in Independent Prescribing for Optometrists (PgDip IP) qualification against the *Requirements for Approved Qualifications in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP)* (January 2022).

It includes:

- Feedback against each relevant standard as listed in the merged adaptation form.
- The status of all the standards reviewed as part of the adaptation process (which includes the formal response process).
- Any action Glasgow Caledonian University is required to take.

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SECTION TWO – PROVIDER DETAILS

2.1 TYPE OF PROVIDER	
Provider <i>Sole responsibility for the entire route to registration</i>	<input checked="" type="checkbox"/>
Awarding Organisation (AO) <i>Sole responsibility for the entire route to registration with centres delivering your qualification(s)</i>	<input type="checkbox"/>
2.2 CENTRE DETAILS	
Centre name(s)	Not applicable.
2.3 EXTERNAL PARTNERS DELIVERING AND/OR MANAGING AREAS OF THE QUALIFICATION	
Not applicable.	

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SECTION THREE – QUALIFICATION DETAILS

3.1 QUALIFICATION DETAILS	
Qualification title	Postgraduate Diploma in Independent Prescribing for Optometrists (PgDip IP)
Qualification level	SCQF* Level 11 *Scottish Credit and Qualifications Framework
Duration of qualification	17 months
Number of cohorts per academic year	A maximum of four per calendar year
Month(s) of student intake	Variable - depending on the number of cohorts taken each year
Delivery method(s)	Part time – distance learning
Alternative exit award(s)	<p>Postgraduate Certificate in Ocular Therapeutics - this would be awarded upon successful completion of the following 60 taught credits:</p> <ul style="list-style-type: none"> • Independent Prescribing: Management of Ocular Disease - 30 credits • Independent Prescribing: Prescribing Safely and Effectively - 30 credits <p>This exit award does not allow students to join the GOC's specialty register of Independent Prescribing (IP) Optometrists.</p>
Total number of students per cohort	250 (across all four cohorts)

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SECTION FOUR – SUMMARY OF THE OUTCOMES OF THE ADAPTATION PROCESS

4.1 QUALITY ASSURANCE ACTIVITY	
Type of activity	Review of Glasgow Caledonian University’s (university) adapted Postgraduate Diploma in Independent Prescribing for Optometrists (PgDip IP) qualification (qualification) against the <i>Requirements for Approved Qualifications in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP)</i> (January 2022).

4.2 GOC REVIEW TEAM	
Officer	<ul style="list-style-type: none"> Ella Pobee – Education Development Officer Georgia Smith – Education Development Officer
Manager	Lisa Venables – Education Development Manager
Decision maker	Samara Morgan – Head of Education & CPD
Education Visitor Panel (panel) members	<ul style="list-style-type: none"> Will Naylor – Lay Chair Rebekah Stevens – Optometrist member David Hill – Optometrist & Independent Prescribing Optometrist member Janice McCrudden – Optometrist & Independent Prescribing Optometrist member Nicola Szostek – Optometrist & Independent Prescribing optometrist Mark Chatham – Dispensing Optician & Contact Lens Optician

4.3 SUMMARY OF CONDITIONS & RECOMMENDATIONS
The qualification has been set one condition against the following standard: <ul style="list-style-type: none"> S3.12
The qualification has been set no recommendations.
Commentary against all the standards reviewed is set out in section 4.4.
The qualification will remain subject to the GOC’s quality assurance and enhancement methods (QAEM) on an ongoing basis.

4.4 STANDARDS OVERVIEW
The standards reviewed as part of the adaptation process for approved qualifications (as outlined in the Adaptation Form*) are listed below along with the outcomes, statuses, actions, and any relevant deadlines. Actions may include the following: <ul style="list-style-type: none"> A condition is set when the information submitted did not provide the necessary evidence and assurance that a standard is met; further action is required. A recommendation is set when the information submitted currently provides the necessary evidence and assurance that a standard is met. However, the GOC has identified this may be an area that could be enhanced or that will need to be reviewed to ensure the standard continues to be met; further action is required.

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- **No further action** is required – the information submitted provides the necessary assurance that a standard is met.

*The following standards listed were **not** reviewed as part of the adaptation process but are monitored as part of the GOC’s Quality Assurance and Enhancement Methods (QAEM):

- Standard one - public and patient safety S1.1, S1.2, S1.3, S1.4
- Standard two - admissions of students S2.2, S2.3, S2.4
- Standard three - assessment of outcomes and curriculum design S3.2, S3.8, S3.9, S3.10, S3.11, S3.12, S3.13, S3.20, S3.21
- Standard four - management, monitoring and review of approved qualifications S4.6, S4.7, S4.8, S4.9, S4.10, S4.11, S4.12
- Standard five: leadership, resources and capacity S5.3, S5.4, S5.5

Further details on the evidence that the university was required to complete or submit as part of the education and training requirements (ETR) adaptation process can be found here <https://optical.org/en/publications/qualifications-in-additional-supply-as-supplementary-prescribing-sp-and-or-independent-prescribing-ip-categories/>

Independent Prescribing no.	S2.1
Independent Prescribing standard description	Selection and admission criteria must be appropriate for entry to an approved qualification for specialist entry to the GOC register (AS, SP and/or IP categories) including relevant health, character and fitness to practise checks. For overseas trainees, this should include evidence of proficiency in the English language of at least level 7 overall (with no individual section lower than 6.5) on the International English Language Testing System (IELTS) scale or equivalent.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • Template 2 – Criteria Narrative • Appendix 09 – GCU Admissions Policy • Appendix 10 – GCU Contextualised Admissions Policy • Appendix 11 – GCU Criminal Convictions Policy • Appendix 12 – GCU SHLS Fitness to Practise Policy. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • Admissions and selection processes appear clear and consistent. • There are appropriate checks e.g., Protecting Vulnerable Groups (PVG).

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	<ul style="list-style-type: none"> The IELTS level is appropriate, and a clear explanation is provided on the optometric specific webpage.
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Independent Prescribing no.	S2.5
Independent Prescribing standard description	Recognition of prior learning must be supported by effective and robust policies and systems. These must ensure that trainees admitted at a point other than the start of a programme have the potential to meet the outcomes for the award of the approved qualification. Prior learning must be recognised in accordance with guidance issued by The Quality Assurance Agency for Higher Education (QAA) and/or The Office of Qualifications and Examinations Regulation (Ofqual) / Scottish Qualifications Authority (SQA) / Qualifications Wales / Department for the Economy in Northern Ireland and must not exempt trainees from summative assessments leading to the award of the approved qualification. (If necessary, separate arrangements will be made for the safe transition of trainees who have not yet completed GOC-approved therapeutic prescribing qualifications programmes prior to the introduction of the new outcomes and standards.)
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included but was not limited to:</p> <ul style="list-style-type: none"> Template 2 – Criteria Narrative Template 4 – Assessment Strategy Template 5 – Module Outcome Map Appendix 09 – GCU Admissions Policy Appendix 13 – GCU RPL Policy. <p>The information reviewed evidenced, amongst other elements that:</p> <ul style="list-style-type: none"> The university’s RPL policy and processes are effective and robust.

Independent Prescribing no.	S3.1
Independent Prescribing standard description	There must be a clear assessment strategy for the award of an approved qualification. The strategy must describe how the outcomes will be assessed, how assessment will measure trainees’ achievement of outcomes at the required level (Miller’s Pyramid) and how this leads to an award of an approved qualification.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET.

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	<p>Supporting evidence reviewed included but was not limited to:</p> <ul style="list-style-type: none"> • Template 2 – Criteria Narrative (p.6) • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Appendix 14 – SCQF Level Descriptors • Appendix 15 – GCU Assessment Preparation Guidance for Academic Staff • Appendix 16 – GCU University Assessment Regulations Taught Programmes 2023-24 • Appendix 17 – GCU Assessment and Moderation Policy • Evidence submitted in support of a further information request. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The assessment strategy is clear and comprehensive. • There is mapping of assessments to outcomes at the required level of Miller’s Pyramid.
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Independent Prescribing standard no.	S3.2
Independent Prescribing description	The approved qualification must be taught and assessed (diagnostically, formatively and summatively) in a progressive and integrated manner. The component parts should be linked into a cohesive programme (for example, Harden’s spiral curriculum), introducing, progressing and assessing knowledge, skills and behaviour until the outcomes are achieved.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included but was not limited to:</p> <ul style="list-style-type: none"> • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Evidence submitted in support of a further information request. <p>The information reviewed evidenced, amongst other elements that:</p> <ul style="list-style-type: none"> • Outcomes have been mapped against Miller’s Pyramid. • Trainee progression mechanisms are outlined and appear robust. • The assessment strategy appears robust. • There is a good range of summative assessment methods.

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Independent Prescribing no.	S3.3
Independent Prescribing standard description	Curriculum design and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, trainees, commissioners, placement providers, members of the eye-care team and other healthcare professionals.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included but was not limited to:</p> <ul style="list-style-type: none"> • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Appendix 19 – GCU ETR Meeting Log Jan 2024 • Appendix 21 – NES ETR Focus Group Outcomes Report • Evidence submitted in support of a further information request. <p>The information reviewed evidenced, amongst other elements that:</p> <ul style="list-style-type: none"> • The university has incorporated feedback from a wide range of stakeholders into the qualification. • The university has robust mechanisms for continued engagement.

Independent Prescribing no.	S3.4
Independent Prescribing standard description	The outcomes must be assessed using a range of methods and all final, summative assessments must be passed. This means that compensation, trailing and extended re-sit opportunities within and between modules where outcomes are assessed is not permitted.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included but was not limited to:</p> <ul style="list-style-type: none"> • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Appendix 16 – GCU University Assessment Regulations Taught Programmes 2023-24. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The assessment strategy includes a variety of assessment methods.

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	<ul style="list-style-type: none"> The qualification allows appropriate resits while ensuring that compensation, trailing and extended re-sit opportunities within and between modules where outcomes are assessed is not permitted.
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Independent Prescribing no.	S3.5
Independent Prescribing standard description	Assessment (including lowest pass) criteria, choice and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must ensure safe and effective practice and be appropriate for a qualification for specialist entry to the GOC register (AS, SP and/or IP).
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included but was not limited to:</p> <ul style="list-style-type: none"> Template 2 – Criteria Narrative Template 4 – Assessment Strategy Template 5 – Module Outcome Map Appendix 15 – GCU Assessment Preparation Guidance for Academic Staff Appendix 16 – GCU University Assessment Regulations Taught Programmes 2023-24 Evidence submitted in support of a further information request. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> The university has samples of marking criteria and rubrics that include specific examples of unsafe practice to guide assessors. The pass mark is made explicit and is in line with the optometric academic sector.

Independent Prescribing no.	S3.6
Independent Prescribing standard description	Assessment (including lowest pass) criteria must be explicit and set using an appropriate and tested standard-setting process. This includes assessments which occur during learning and experience in practice.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included but was not limited to:</p> <ul style="list-style-type: none"> Template 2 – Criteria Narrative

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	<ul style="list-style-type: none"> • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Appendix 15 – GCU Assessment Preparation Guidance for Academic Staff • Appendix 17 – GCU Assessment and Moderation Policy • Evidence submitted in support of a further information request. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The university has samples of marking criteria and rubrics that include specific examples of unsafe practice to guide assessors. • The pass mark is made explicit and is in line with the optometric academic sector. • There is a clear explanation of the role and responsibilities of NHS Education Scotland within the qualification (training and access to clinical experience within <i>teach and treat</i> centres).
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Independent Prescribing no.	S3.11
Independent Prescribing standard description	A range of teaching and learning methods must be used to deliver the outcomes.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included but was not limited to:</p> <ul style="list-style-type: none"> • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification includes a variety of assessment methods. • There is an appropriate range of learning and teaching methods within the qualification.

Independent Prescribing no.	S3.12
Independent Prescribing standard description	To enable the development of trainees’ clinical, diagnostic and prescribing skills to meet the outcomes, the approved qualification must integrate learning and experience in practice (as a guide, approximately 90 hours). The supervision of a trainee’s learning and experience in practice must be co-ordinated by an appropriately trained and qualified registered healthcare

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	professional (DPP) with independent prescribing rights. (See also S4.4-S4.6.)
Status	NOT MET – condition.
Deadline	Wednesday 1 October 2025.
Rationale	<p>The evidence did not provide the necessary assurance and therefore this standard is NOT MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Evidence submitted in support of a further information request • Evidence submitted in support of the formal response process. <p>The GOC acknowledges that the university has provided sufficient evidence:</p> <ul style="list-style-type: none"> • That the qualification includes 90 hours of learning and experience in practice. • That work is currently taking place on the completion of the relevant training modules that assessors and supervisors will undertake. <p>There was insufficient evidence in the following areas:</p> <ul style="list-style-type: none"> • The training assessors and supervisors will complete. • The formal agreement between the trainee, DPP, and the university. <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • The finalised optometric training programme for supervisors and assessors (TURAS) including any remaining modules that relate to assessment. • The finalised trainee/DPP/university agreement template.

Independent Prescribing no.	S3.13
Independent Prescribing standard description	Outcomes delivered and assessed during learning and experience in practice must be clearly identified, included within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • Template 2 – Criteria Narrative • Template 3 – Qualification Diagram • Template 4 – Assessment Strategy

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	<ul style="list-style-type: none"> • Template 5 – Module Outcome Map. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification provides clinical learning and practice in different environments. • There is a clear rationale for outcomes taught within clinical settings.
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Independent Prescribing no.	S3.14
Independent Prescribing standard description	The selection of outcomes to be taught and assessed during periods of learning and experience in practice and the choice and design of assessment items must be informed by feedback from a variety of sources, such as patients, employers, trainees, DPPs, members of the eye-care team and other healthcare professionals.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • Template 2 – Criteria Narrative • Appendix 19 – GCU ETR Meeting Log Jan 2024 • Appendix 20 – GCU ETR Stakeholder Meeting Minutes Feb-May 2022 • Appendix 21 – NES ETR Focus Group Outcomes Report • Appendix 22 – GCU ETR Focus Groups Staff August 2022 Notes • Appendix 23 GCU ETR Focus Group Students May 2022 Notes • Evidence submitted in support of a further information request. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • There are clear and comprehensive examples of engagement with a wide and varied range of relevant stakeholders. • Engagement subject areas included assessment strategy/assessments, placements and learning outcomes.

Independent Prescribing no.	S3.15
Independent Prescribing standard description	Equality and diversity data and its analysis must inform curriculum design, delivery and assessment of the approved qualification. This analysis must include trainees' progression by protected characteristic. In addition, the principles of equality, diversity and inclusion must be embedded in curriculum design and assessment and used to enhance trainees'

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	experience of studying on a programme leading to an approved qualification.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • Template 2 – Criteria Narrative • Appendix 24 – GCU Dignity at Work and Study Policy • Appendix 25 – GCU MOptom IP Equality Impact Assessment Form • Appendix 26 – GCU Inclusive and Accessible Learning and Teaching Checklist • Evidence submitted in support of a further information request. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • EDI and protected characteristic data have informed qualification design, delivery, policy and procedures. • There is a mechanism for the appropriate analysis of trainee progression by protected characteristics.

Independent Prescribing no.	S4.2
Independent Prescribing standard description	The organisation responsible for the award of the approved qualification must be legally incorporated (i.e. not be an unincorporated association) and have the authority and capability to award the approved qualification.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • Template 2 – Criteria Narrative • Appendix 27 – GCU Establishment Order (Abridged) • Appendix 28 – GCU Qualifications Framework. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The university has the appropriate legal status and degree awarding powers.

Independent Prescribing no.	S4.3
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Independent Prescribing standard description	The provider must have a named point of contact for the approved qualification.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • Template 2 – Criteria Narrative. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification has an appropriate named person.

Independent Prescribing no.	S4.11
Independent Prescribing standard description	There must be an effective mechanism to identify risks to the quality of the delivery and assessment of the approved qualification and to identify areas requiring attention or development.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • Template 2 – Criteria Narrative • Appendix 32 – SHLS Risk Register 2023-2024 • Appendix 33 – MOptom IP Risk Register Dec 2023 • Appendix 39 - Register of Interests Policy • Appendix 40 - Anti-Bribery Policy • Appendix 41 - Gifts and Hospitality Policy • Appendix 42 - Public Interest Disclosure Policy. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • There are appropriate mechanisms and quality assurance processes in place for identifying and mitigating risks to the qualification. • The university has considered and implemented appropriate mechanisms for the management of commercial conflicts of interest within the qualification. • There is support available for trainees from academic tutors and educational supervisors to raise any concerns during placements.

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Independent Prescribing no.	S5.1
Independent Prescribing standard description	There must be robust and transparent mechanisms for identifying, securing and maintaining a sufficient and appropriate level of ongoing resources to deliver the outcomes to meet these standards, including human and physical resources that are fit for purpose and clearly integrated into strategic and business plans. Evaluations of resources and capacity must be evidenced together with evidence of recommendations considered and implemented.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • Template 2 – Criteria Narrative • Appendix 34 – GCU Department of Vision Sciences Staffing. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • There are mechanisms for identifying, securing and maintaining a sufficient and appropriate level of resource. • The university has sufficient teaching and learning environments including facilities and equipment.

Independent Prescribing no.	S5.2
Independent Prescribing standard description	<p>There must be a sufficient and appropriately qualified and experienced staff team. This must include:</p> <ul style="list-style-type: none"> • an appropriately qualified and experienced programme leader, supported to succeed in their role; and • sufficient staff responsible for the teaching and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • GCU IP ADP-FRM Adaptation form • Template 2 – Criteria Narrative • Appendix 34 – GCU Department of Vision Sciences Staffing. <p>The information reviewed evidenced, amongst other elements, that:</p>

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	<ul style="list-style-type: none"> • There are sufficient staff responsible for the delivery of the assessment of outcomes from a suitable range of professional backgrounds. • There is a qualification lead.
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