

<b>Teesside University</b>
<b>GOC PROVISIONAL APPROVAL QUALITY ASSURANCE VISIT</b>
<b>BSc (Hons) Clinical Optometry</b>
<b>4<sup>th</sup> and 5<sup>th</sup> February 2025</b>

<b>Report confirmed by GOC</b>	<b>15 April 2025</b>
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# PART 1 – VISIT DETAILS

1.2 Programme details	
Programme title	BSc (Hons) Clinical Optometry
Programme description	<ul style="list-style-type: none"> <li>The BSc (Hons) Clinical Optometry programme is a three-year, full-time programme that adheres to the standard academic year.</li> <li>Teesside University delivers the theory element of the route to registration including all stage one competencies.</li> <li>Upon successful completion of the programme, students can progress onto the Scheme for Registration delivered by the College of Optometrists (CoO). The CoO is responsible for the clinical placement, all stage two competencies and the qualifying examinations.</li> </ul>
Current approval status	Provisionally approved (PA)
Approved student numbers	24

1.3 GOC Education Visitor Panel (EVP)	
Chair	Carl Stychin – Lay Chair
Visitors	John Deane – Lay member Graeme Stevenson – Dispensing Optician/Contact Lens Optician Pam McClean – Independent Prescribing/Optometrists member Brendan Barrett – Optometrist member
GOC representative	Georgie Carter – Operations Manager – Education & CPD Ashley Watterson – Education Operations Officer
Observers	N/A

1.4 Purpose of the visit	
Visit type	PROVISIONAL APPROVAL QUALITY ASSURANCE VISIT
<p>The purpose of this provisional approval quality assurance revisit was to review:</p> <ol style="list-style-type: none"> <li>Teesside University's (University) BSc (Hons) Clinical Optometry programme (programme) against the requirements, as listed in the <i>GOC's Temporary Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry 2020</i> (handbook) and the <i>GOC Education A&amp;QA-Supplementary Document-List of Requirements</i> (list of requirements).</li> </ol> <p>The visit took place in person.</p>	

1.5 Programme history		
Date	Event type	Overview
30/01/2024	Visit	A provisional approval quality assurance visit took place on 30 & 31 January 2024.
22/03/2024	Change	The GOC were informed of a reduction in staffing. This was closed and monitored as part of condition 2 set following the January 2024 visit.

23/05/2024	Change	The GOC noted a modification to the BSc programme that would prevent students from carrying over modules into the subsequent year.
23/05/2024	Change	The GOC noted a reduction in seminar and practical hours following the delivery of, and reflection upon, year 1 modules.
23/05/2024	Change	The GOC noted a change in examinations (times and number of OSCE stations) to increase the robustness of examinations.
23/05/2024	Change	The GOC noted a change to the semesters in which year 1 modules are being taught.
20/06/2024	Change	The GOC noted a change to the frequency of mentor training from yearly to every three years. This change was to maximise efficiency of the training.
23/09/2024	Administration	A provisional approval quality assurance visit was scheduled for 4 & 5 February 2025.

## PART 2 – VISIT SUMMARY

2.1 Visit outcomes	
The Panel recommended that provisional approval for Teesside University's BSc (Hons) Clinical Optometry programme should continue. The panel recommended that three new conditions should be set, with six requirements deemed unmet, and offered two recommendations. The panel commended the resilience of the programme team and particularly the course leadership.	
Summary of recommendations to the GOC	
<b>Previous conditions</b>	Previous conditions, that remained OPEN, were not reviewed by the panel as part of this visit.
<b>New conditions</b>	<b>Six</b> requirements are deemed <b>UNMET</b> and <b>three</b> conditions are set.  See <b>part 3</b> for more information.
<b>New recommendations</b>	<b>Two</b> recommendations are offered.  See <b>part 3</b> for more information.
<b>Commendations</b>	<b>One</b> commendation is offered.  See <b>part 3</b> for more information.
<b>Actual student numbers</b>	2024/25 <ul style="list-style-type: none"> <li>• Year 1 – N/A (qualification being taught out)</li> <li>• Year 2 – 12 (with an additional 3 resitting)</li> <li>• Year 3 – 5</li> </ul>
<b>Approval/next visit</b>	Summer 2025, in line with GOC's approval process.
<b>Factors to consider when scheduling next visit e.g. when students are in, hospital, audit etc.</b>	<ul style="list-style-type: none"> <li>• The next quality assurance activity will be to consider whether full approval should be granted by the GOC.</li> <li>• This will involve observation of the summer 2025 examination board. This could be a sub-panel.</li> </ul>

2.2 Previous conditions		
Requirement number	Condition number and description	Status
OP2.2 & OP2.7	<i>Condition 1:</i> The provider must submit evidence that there is subject-specific senior leadership in place.	This condition was deemed <b>MET</b> by the executive prior to this visit taking place and was therefore not reviewed by the EVP at this visit.
OP2.2 & OP2.7	<i>Condition 2:</i> The provider must submit evidence that they have developed and implemented an interim plan to cover staffing needs until a full staffing contingent is in place and update us on the status of current recruitment campaigns.	This condition was deemed <b>MET</b> by the executive prior to this visit taking place and was therefore not reviewed by the EVP at this visit.
All relevant OP1 & OP4 requirements	<i>Condition 3:</i> The programme team must submit the completed programme	This condition is currently <b>in triage</b> with GOC and was therefore not reviewed by the EVP at this visit.

	materials for year 3/semester 1 at least two calendar months before the start of semester 1.	
All relevant OP1 & OP4 requirements	<i>Condition 4:</i> The programme team must submit the completed programme materials for year 3/semester 2 at least two calendar months before the start of semester 2	This condition is currently <b>in triage</b> with GOC and was therefore not reviewed by the EVP at this visit.

## 2.3 Previous recommendations

Description	Comments
To consider strengthening the communication and feedback opportunities between Optometry staff and the School's management team.	The panel recognises steps that have been taken to strengthen communication and feedback opportunities but recommend continuing to develop those opportunities.
To develop a process for the provision of generic feedback to the cohort on examination outcomes.	The panel recognises that efforts have been made by the course team but would recommend further development on examination feedback, particularly for OSCEs.
To identify mechanisms to encourage student representatives to engage with the student voice forum.	The panel recognises that efforts have been made by the course team but would recommend continuing to encourage student engagement.

## 2.4 Non-applicable requirements

<p>The panel recommends that some requirements be deemed non-applicable to the programme due to the programme's structure and level, and the differing, but overlapping, roles and responsibilities of the University and the CoO:</p> <ul style="list-style-type: none"> <li>the University provides the theory aspect of the route to registration including all stage one competencies.</li> <li>the CoO is responsible for all stage two competencies and ensuring all the elements of the portfolio are completed under supervision.</li> </ul>	
OP6.14	Upon completion of the pre-registration placement, the provider must inform the GOC that the student has achieved professional competence at Stage 2 so as to allow them to apply for entry to the GOC Register of Optometrists.
OP6.15	Students must be assessed as competent against each of the Stage 2 GOC Core Competencies.
OP6.16	Students must acquire the minimum amount of patient experience within each patient category (attached in Appendix F).
OP6.17	Students must hold certified portfolios containing a record of both their patient experience and achievement of all core competency elements.
OP6.18	The portfolio must include evidence of how and when each individual element of competence was achieved by the individual student.
OP6.19	The portfolio must contain a case record for each individual patient episode contributing to the minimum requirements.
OP6.20	The portfolio must include evidence of the development of the student's professional judgement through critical thinking and reflection.

## 2.5 Unable to assess requirements

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

OP6.8	Students must have been taught and assessed as competent against each of the Stage 1 GOC Core Competencies.
OP6.13	The portfolio must include evidence of the development of the student's professional judgement through critical thinking and reflection.

## PART 3 – CONDITIONS, RECOMMENDATIONS & COMMENDATIONS

**Conditions** are applied to training and assessment providers if there is evidence that the GOC requirements are not met.

**Recommendations** indicate enhancements that can be made to a programme, these may not be directly linked to compliance with GOC requirements.

### 3.1 Conditions set at this visit

The unmet requirements for this visit are set out below along with the conditions that are required to meet the requirements.

<b>A6.2</b>	Providers must provide sufficient information to the GOC, as requested, and in a timely manner.
<b>A6.4</b>	Providers must notify the GOC, as soon as practicable, of any planned or actual changes or events likely to influence the quality of the programme leading to the qualification and/or its delivery, in line with GOC notifications requirements.
<b>Condition 1</b>	<b>The provider is required to develop a plan to ensure that the resource capacity exists within the team for the timely communication of information to the GOC.</b>
<b>Date due</b>	Friday 30 May 2025
<b>Rationale</b>	<p>Ahead of the visit, the panel were informed by the executive that recent staffing changes were not communicated via the Notification of Events and Changes form. Additionally, the panel noted that several deadlines for the submission of condition materials and documentation for this visit, to the executive, had not been met.</p> <p>As part of the pre-visit documentation, the panel were informed that the programme team was made up of 3.9 FTE, which is below the minimum GOC requirement. During the visit, the panel was subsequently informed that a staff member who had previously resigned was returning 1 day a week (0.2FTE), bringing the FTE to 4.1. In addition, the provider is currently recruiting for 1 FTE role.</p> <p>However, conversations during the visit highlighted that there had been concerns over the programme team's workload across the last semester, coinciding with the departure of team members. The panel and executive noted that this had likely contributed to GOC deadlines not being met.</p> <p>Considering this, the provider is required to evidence that a plan has been put in place to ensure that the programme team has the capacity to ensure the timely communication of information to the GOC.</p>
<b>OP2.2</b>	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.
<b>OP2.4</b>	The adequacy of both the number and range of staff must be justified in the context of the mode of delivery.



<b>Condition 2</b>	<b>The provider must ensure sufficient staff resource with responsibility for overseeing placements is in place.</b>
<b>Date due</b>	Friday 30 May 2025
<b>Rationale</b>	<p>During the visit, the panel heard that the Placement Lead role is currently unfilled, following the reduction in working hours of the individual previously responsible for this. The panel noted that another member of the programme team has currently assumed some interim responsibilities related to this role. The panel was also advised that the central University Placement Team was currently assuming these responsibilities too.</p> <p>The panel were informed that the provider is currently recruiting a 1 FTE to the programme team, who would assume responsibility for the Placement Provider role.</p> <p>The panel believe that recruitment into this role is essential, in order to ensure the appropriate volume and quality assurance of placements. Given that the current arrangement in overseeing placements is temporary, and the fact that the total number of placements required by the students is rising, the provider is required to evidence that they have gained sufficient additional resourcing to assume responsibility for the oversight of placements.</p>

<b>OP2.12</b>	The provider must ensure that the patient base is relative to the student cohort size and is of a sufficient volume and range to deliver the required level of experience as specified in the GOC Core Competencies and patient experience requirements.
<b>OP6.1</b>	The provider must have an effective system in place to ensure each student has access to a sufficient range and number of patients under each category of experience.
<b>Condition 3</b>	<b>The provider must regularly review and develop the patient database to ensure it covers a sufficient number and range of patients.</b>
<b>Date due</b>	Friday 30 May 2025
<b>Rationale</b>	<p>During the visit, the panel heard that a patient database had been established when the programme was launched and was being maintained by a member of the programme team who has now left the university. However, following their departure from the university in September 2024, responsibility for the patient database has not been absorbed by any existing staff members.</p> <p>Conversations during the visit confirmed that the patient database had not been reviewed for some time, as there had not been a need for it up to this point in time. However, the provider recognised that students were experiencing difficulties in meeting their Contact Lens (CL) episodes. Consequently, there was an acknowledgment that the patient database needs to be reviewed to ensure it is available for situations such as the current challenges with CL episodes. The panel was encouraged by the fact that a staff member is part of BUCCLE, which provides access to vouchers and other incentives to attract contact lens wearers to register as patients.</p>

	However, the panel felt that it was essential for the provider to ensure that there are processes and personnel in place for the review and maintenance of the patient database. Considering this, the provider is required to evidence that a process has been developed to regularly review and develop the patient database, ensuring it covers a sufficient number and range of patients.
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<b>3.2 Recommendations offered at this visit</b>	
The EVP offers the following recommendations to the provider.	
<b>OP4.7</b>	The provider must have an effective and accurate student information system to track and record the achievement of all required core competencies and patient episodes for each individual student.
<b>Recommendation 1</b>	<b>To implement actions to ensure students upload their episodes within their Mahara Logbooks in a timely fashion.</b>
<b>Rationale</b>	<p>During the visit, the panel heard that, despite regular encouragement from the programme team, students are not regularly updating their Mahara Logbooks.</p> <p>The panel were assured that this issue had already been identified by the provider and that work is being done to increase students' engagement with the platform. The panel heard that QR codes had been created for easier access to Mahara and technical issues experienced by all stakeholders using the platform had been investigated and resolved.</p> <p>However, the panel recommend that this work to improve student engagement with the logbook system continues, so as to ensure consistent and effective use of the platform by all students.</p>
<b>Recommendation 2</b>	<b>To consider ways to reduce the administrative burden in maintaining Mahara Logbooks.</b>
<b>Rationale</b>	<p>During the visit, the panel were given an overview of the Mahara platform, with example log book entries presented. The provider also talked through how this platform was monitored by the programme lead.</p> <p>Conversations informed the panel that monitoring of the platform is done manually via a spreadsheet, maintained by one academic staff member, and was cross-referenced against entries on Mahara. Although efforts had been made to streamline this process, the panel are keen to see the administrative burden reduced. This is especially recommended given the current workloads of the programme team and future plans to scale up the student numbers.</p>

<b>3.3 Commendations made at this visit</b>
The panel commends the resilience of the programme team and particularly the course leadership.

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