

Teesside University
Report of the outcomes of the adaptation to the GOC education & training requirements
MOptom (Hons) Optometry
TEE-OP1-ETR
Report confirmed by GOC 3 June 2025

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SECTION ONE – ABOUT THIS DOCUMENT

1.1 ABOUT THIS DOCUMENT

This report outlines the outcomes of the review of Teesside University's adapted MOptom (Hons) Optometry qualification against the *Requirements for Approved Qualifications in Optometry and Dispensing Optics* (March 2021).

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 Teesside 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
As part of the qualification, the College of Optometrists will be delivering the Clinical Learning in Practice (CLiP) scheme.

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SECTION THREE – QUALIFICATION DETAILS

3.1 QUALIFICATION DETAILS	
Qualification title	MOptom (Hons) Optometry
Qualification level	FHEQ* Level seven *Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland.
Duration of qualification	Four years
Number of cohorts per academic year	One
Month(s) of student intake	September
Delivery method(s)	Full time
Alternative exit award(s)	<ul style="list-style-type: none"> 120 credits - Certificate in Higher Education in Health and Social care 240 credits - Diploma in Higher Education Health and Social Care
Total number of students per cohort	24

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SECTION FOUR – SUMMARY OF THE OUTCOMES OF THE ADAPTATION PROCESS

4.1 QUALITY ASSURANCE ACTIVITY	
Type of activity	Review of Teesside University's (university) adapted MOptom (Hons) Optometry qualification (qualification) against the <i>Requirements for Approved Qualifications in Optometry and Dispensing Optics</i> (March 2021).

4.2 GOC REVIEW TEAM	
Officer	<ul style="list-style-type: none"> Ella Pabee – Education Development Officer Georgia Smith – Education Development Officer
Manager	Lisa Venables – Education Development Manager
Decision maker	Sam Morgan – Head of Education & CPD
Education Visitor Panel (panel) members	<ul style="list-style-type: none"> Professor Carl Stychin – Lay chair Janice McCrudden – Optometrist & Independent Prescribing Optometrist member Pam McClean – Optometrist & Independent Prescribing Optometrist member Graeme Stevenson – Dispensing Optician & Contact Lens Optician member

4.3 SUMMARY OF CONDITIONS & RECOMMENDATIONS
<p>The qualification has been set conditions against the following standards:</p> <ul style="list-style-type: none"> S3.1 S3.6 S3.7 S3.15 S3.19 S4.13 S5.2
<p>The qualification has been set recommendations against the following standards:</p> <ul style="list-style-type: none"> S4.4
<p>Commentary against all the standards reviewed is set out in section 4.4.</p> <p>The qualification will remain subject to the GOC's quality assurance and enhancement methods (QAEM) on an ongoing basis.</p>

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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:

- 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.
- **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 Teesside 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-optometry-or-dispensing-optics/>

Standard no.	S2.1
Standard description	Selection and admission criteria must be appropriate for entry to an approved qualification leading to registration as an optometrist or dispensing optician, including relevant health, character, and fitness to train checks. For overseas students, 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 • University optometric specific webpage

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	<p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The university has appropriate, clear, and comprehensive entry and IELTS requirements. • The university has appropriate, clear, and comprehensive admissions criteria. • The university carries out appropriate student checks.
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Standard no.	S2.5
Standard description	Recognition of prior learning must be supported by effective and robust policies and systems. These must ensure that students admitted at a point other than the start of a programme have the potential to meet the outcomes for award of the approved qualification. Prior learning must be recognised in accordance with guidance issued by the Quality Assurance Agency (QAA) and/or Office of Qualifications and Examinations Regulation (Ofqual)/Scottish Qualifications Authority (SQA)/Qualifications Wales/Department for the Economy in Northern Ireland and must not exempt students from summative assessments leading to the award of the approved qualification, unless achievement of prior learning can be evidenced as 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 • Annex 1 – <i>Course Handbook 2024-5</i> • University optometric specific webpage • University wide recognition of prior learning policy <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The university has an appropriate recognition of prior learning policy.

Standard no.	S3.1
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 students' achievement of outcomes at the required level (Miller's Pyramid) and how this leads to an award of an approved qualification.
Status	NOT MET – condition.
Deadline	Monday 04 August 2025.

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Rationale	<p>The GOC acknowledges that some assurance has been gained however 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 • Template 6 – outcomes narrative • Annex 3 – <i>Consultations</i> • Annex 5 – <i>Module Catalogue</i> • Annex 18 – <i>Assessment Chart</i> • University-wide <i>Assessment & Feedback Policy</i> • University-wide <i>Assessment Regulations</i> • Evidence submitted in support of a further information request <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That robust stakeholder (including external examiner) engagement in assessments has taken place. • How outcomes will be delivered and assessed. • The incorporation of Miller’s Pyramid. <p>There was insufficient evidence in the following areas:</p> <ul style="list-style-type: none"> • Marking rubrics for years one, two and four of the qualification. <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • Marking rubrics for years one, two and four of the qualification.
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Standard no.	S3.3
Standard description	The approved qualification must provide experience of working with: patients (such as patients with disabilities, children, their carers, etc); inter-professional learning (IPL); and team work and preparation for entry into the workplace in a variety of settings (real and simulated) such as clinical practice, community, manufacturing, research, domiciliary and hospital settings (for example, Harden’s ladder of integration ¹⁰). This experience must increase in volume and complexity as a student progresses through a programme.
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

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	<ul style="list-style-type: none"> • Template 5 – module outcome map • Template 6 – outcomes narrative • Annex 1 – <i>Course Handbook 2024-5</i> • Annex 2 – <i>Placement Provision - Years 1-3</i> • Annex 5 – <i>Module Catalogue</i> • Annex 8 – <i>Clinical Learning in Practice Handbook</i> • Evidence submitted in support of a further information request <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • Appropriate placement activity***. • Appropriate inter-professional learning (IPL). • A range of placements is available to students***. • The draft contract detailing the relationship between the university and the College of Optometrists and the responsibilities of each. <p>***See S3.15 for concerns about the <i>number</i> of placements.</p>
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Standard no.	S3.4
Standard description	Curriculum design, delivery and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, students, placement providers, commissioners, members of the eye-care team and other healthcare professionals. Stakeholders involved in the teaching, supervision and/or assessment of students must be appropriately trained and supported, including in equality and diversity.
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 • Annex 2 – <i>Placement Provision - Years 1-3</i> • Annex 3 – <i>Consultations</i> • Annex 11 – <i>Year 3 Portfolio of Evidence Requirements</i> <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • Robust stakeholder engagement with a wide variety of groups. • Evidence of where and how stakeholder consultation has informed the design of the qualification.

Standard no.	S3.5
Standard description	The outcomes must be assessed using a range of methods and all final, summative assessments must be passed. This means that compensation,

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	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 • Template 6 – outcomes narrative • University-wide <i>Assessment Regulations</i> • The university's <i>Academic Misconduct Regulations</i> • The university's <i>Academic Appeals Regulations</i> • The university's students' complaints/grievances policy and procedure <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • Outcomes are assessed using a range of methods. • Exemptions have been made to the university's assessment regulations to ensure the qualification meets the GOC standards in relation to the trailing, resitting and compensation of modules.

Standard no.	S3.6
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 seek to ensure safe and effective practice and be appropriate for a qualification leading to registration as an optometrist or dispensing optician.
Status	NOT MET – condition.
Deadline	Monday 04 August 2025.
Rationale	<p>The GOC acknowledges that some assurance has been gained however 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 • Template 6 – outcomes narrative • Annex 3 – <i>Consultations</i> • Annex 5 – <i>Module Catalogue</i> • Annex 18 - <i>Assessment Chart</i>

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	<ul style="list-style-type: none"> University-wide <i>Assessment & Feedback Policy</i> University-wide <i>Assessment Regulations</i> Evidence submitted in support of a further information request <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> Robust stakeholder engagement in assessments. How outcomes will be delivered and assessed. The implementation of Miller's Pyramid. The draft contract detailing the relationship between the university and the College of Optometrists and the responsibilities of each. <p>There was insufficient evidence in the following areas:</p> <ul style="list-style-type: none"> Marking rubrics for years one, two and four of the qualification. How Teesside University will quality assure and clearly demonstrate the university's responsibilities in relation to the clinical learning in practice (CLIP) scheme. <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> Marking rubrics for years one, two and four of the qualification. The finalised, signed partnership agreement between the university and the College of Optometrists.
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Standard no.	S3.7
Standard description	Assessment (including lowest pass) criteria must be explicit and set at the right standard, using an appropriate and tested standard-setting process. This includes assessments which might occur during learning and experience in practice, in the workplace or during inter-professional learning.
Status	NOT MET – condition.
Deadline	Monday 04 August 2025.
Rationale	<p>The GOC acknowledges that some assurance has been gained however 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 Template 6 – outcomes narrative Annex 3 – <i>Consultations</i> Annex 5 – <i>Module Catalogue</i> Annex 18 – <i>Assessment Chart</i> University-wide <i>Assessment & Feedback Policy</i> University-wide <i>Assessment Regulations</i>

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	<ul style="list-style-type: none"> • Evidence submitted in support of a further information request <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • Robust stakeholder engagement in assessments. • How outcomes will be delivered and assessed. • The incorporation of Miller's Pyramid. • The draft contract detailing the relationship between the university and the College of Optometrists and the responsibilities of each. <p>There was insufficient evidence in the following areas:</p> <ul style="list-style-type: none"> • Marking rubrics for years one, two and four of the qualification. • How Teesside University will quality assure and clearly demonstrate the university's responsibilities in relation to the clinical learning in practice (CLiP) scheme. <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • Marking rubrics for years one, two and four of the qualification. • The finalised, signed partnership agreement between the university and the College of Optometrists.
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Standard no.	S3.14
Standard description	There must be a range of teaching and learning methods to deliver the outcomes that integrates scientific, professional, and clinical theories and practices in a variety of settings and uses a range of procedures, drawing upon the strengths and opportunities of context in which the qualification is offered.
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 6 – outcomes narrative • Annex 1 – <i>Course Handbook 2024-5</i> • Annex 2 – <i>Placement Provision - Years 1-3</i> • Annex 3 – <i>Consultations</i> • Annex 5 – <i>Module Catalogue</i> • Annex 6 – <i>Course Specification</i> <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • An appropriate range of teaching and learning methods. • Stakeholder, including external examiner, input into teaching and learning design.

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	<ul style="list-style-type: none"> That clinical experience will be gained during placements and in the onsite clinic from the beginning of the qualification.
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Standard no.	S3.15
Standard description	In meeting the outcomes, the approved qualification must integrate at least 1600 hours/48 weeks of patient-facing learning and experience in practice. Learning and experience in practice must take place in one or more periods of time and one or more settings of practice.
Status	NOT MET – condition.
Deadline	Monday 04 August 2025.
Rationale	<p>The GOC acknowledges that some assurance has been gained however 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 5 – module outcome map Template 6 – outcomes narrative Annex 1 – <i>Course Handbook 2024-5</i> Annex 2 – <i>Placement Provision - Years 1-3</i> Annex 5 – <i>Module Catalogue</i> Annex 8 – <i>Clinical Learning in Practice Handbook</i> Evidence submitted in support of a further information request <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> The draft contract detailing the relationship between the university and the College of Optometrists and the responsibilities of each. <p>There was insufficient evidence in the following areas:</p> <ul style="list-style-type: none"> How the university is assured that there are sufficient placements available to students as part of the clinical learning in practice (CLiP) scheme in year four of the qualification. <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> The finalised, signed partnership agreement between the university and the College of Optometrists. How the university ensures, and will continue to ensure, there are enough placements for all students.

Standard no.	S3.16
Standard description	Outcomes delivered and assessed during learning and experience in practice must be clearly identified 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.

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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 • Template 6 – outcomes narrative • Template 8 – mapping to indicative guidance • Annex 5 – <i>Module Catalogue</i> • Annex 8 – <i>Clinical Learning in Practice Handbook</i> • Evidence submitted in support of a further information request <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • The draft contract detailing the relationship between the university and the College of Optometrists and the responsibilities of each. • How the university will quality assure/monitor those stakeholders responsible for delivering and assessing learning outcomes.

Standard no.	S3.17
Standard description	The selection of outcomes to be taught and assessed during learning and experience in practice and the choice and design of assessment items must be informed by feedback from stakeholders, such as patients, students, employers, 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 • Annex 3 – <i>Consultations</i> • Annex 8 – <i>Clinical Learning in Practice Handbook</i> <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • Robust stakeholder engagement. • Evidence of how stakeholder engagement has informed the design of the qualification.

Standard no.	S3.19
Standard description	The collection and analysis of equality and diversity data must inform curriculum design, delivery, and assessment of the approved qualification.

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	This analysis must include students' 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 students' experience of studying on a programme leading to an approved qualification.
Status	NOT MET – condition.
Deadline	Monday 04 August 2025.
Rationale	<p>The GOC acknowledges that some assurance has been gained however 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 • The university's <i>Equality & Inclusion Policy</i> • The university's Continuous Monitoring and Enhancement process • Evidence submitted as part of a further information request <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • The university has a robust reasonable adjustments process. • The use of a yearly qualification-specific monitoring process to consider EDI issues. <p>There was insufficient evidence in the following areas:</p> <ul style="list-style-type: none"> • How the university will analyse the EDI data it collects. • Tangible examples of how the collection and review of EDI data and understanding of the student demographic will influence the qualification, including in assessment, design etc. <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • How the university's established Continuing Monitoring and Enhancement approach is used to ensure that EDI data informs curriculum design, delivery, and assessment at qualification level. • Examples of the changes made to the qualifications design, delivery and assessment as a result of learning gained from EDI data.

Standard no.	S4.1
Standard description	The provider of the approved qualification must be legally incorporated (i.e., not be an unincorporated association) and provide assurance it has 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>

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	<ul style="list-style-type: none"> • Template 2 – criteria narrative • Office for Students Register • The university's legal statements webpage <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The university is legally incorporated. • The university has the appropriate qualification awarding powers.
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Standard no.	S4.2
Standard description	The provider of the approved qualification must be able to accurately describe its corporate form, its governance, and lines of accountability in relation to its award of 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 • Annex 13 – <i>School and Department Organisation Chart</i> • Office for Students Register • The university's legal statements webpage • The university's quality framework webpage <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The university has appropriate corporate form, governance and lines of accountability.

Standard no.	S4.4
Standard description	The provider of the approved qualification may be owned by a consortium of organisations or some other combination of separately constituted bodies. Howsoever constituted, the relationship between the constituent organisations and the ownership of the provider responsible for the award of the approved qualification must be clear.
Status	MET – recommendation.
Deadline	Monday 04 August 2025.
Rationale	<p>Supporting evidence reviewed included but was not limited to:</p> <ul style="list-style-type: none"> • Template 2 – criteria narrative • The draft contract detailing the relationship between the university and the College of Optometrists and the responsibilities of each • Evidence submitted in support of a further information request <p>The information reviewed provided sufficient assurance that this standard is MET. However, the GOC identified the following areas that can be enhanced.</p>

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	<ul style="list-style-type: none"> The finalised, signed partnership agreement between the university and the College of Optometrists. <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> The finalised, signed partnership agreement between the university and the College of Optometrists.
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Standard no.	S4.5
Standard description	The provider of the approved qualification must have a named person who will be the primary point of contact for the GOC.
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 Annex 12 – <i>Staffing Document</i> <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> An appropriate qualification lead/main contact person.

Standard no.	S4.13
Standard description	There must be an effective mechanism to identify risks to the quality of the delivery and assessment of the approved qualification, ensure appropriate management of commercial conflicts of interest and to identify areas requiring development.
Status	NOT MET – condition.
Deadline	Monday 04 August 2025.
Rationale	<p>The GOC acknowledges that some assurance has been gained however 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 Annex 10 – <i>2024-5 Timetable</i> Annex 12 – <i>Staffing Document</i> Annex 19 – <i>Risk Register BSc</i> Annex 20 – <i>Risk Register MOptom</i> <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> The university utilises risk assessment processes including risk registers and weekly senior management meetings. <p>There was insufficient evidence in the following areas:</p>

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	<ul style="list-style-type: none"> • How commercial conflicts of interest are declared and managed, including the guidance and support provided to students while they are in commercial settings. • The guidance/training given to students to enable them to balance commercial pressure, so the focus remains on the clinical/customer focus aspects of their role. <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • The support and guidance provided to students when in commercial clinical settings (during placements). • Examples of situations in which commercial interests have been dealt with. • An outline of the university reporting mechanism – what it entails and who it involves.
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Standard no.	S5.1
Standard description	There must be robust and transparent mechanisms for identifying, securing, and maintaining a sufficient and appropriate level of ongoing resource 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 • Annex 10 – <i>2024-5 Timetable</i> • Annex 12 – <i>Staffing Document</i> • Annex 14 – <i>Master Workload Framework</i> • Annex 19 – <i>Risk Register BSc</i> • Annex 20 – <i>Risk Register MOptom</i> • <i>Academic Workload Planning Model guidance document</i> <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • The resource and planning processes including how the provider determines the required level of resourcing. • The identification and mitigation of resourcing risks.

Standard no.	S5.2
Standard description	There must be sufficient and appropriately qualified and experienced staff to teach and assess the outcomes. These must include:

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	<ul style="list-style-type: none"> • an appropriately qualified and experienced programme leader, supported to succeed in their role; • sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals; • sufficient supervision of students' learning in practice by GOC registrants who are appropriately trained and supported in their role; • and an appropriate student:staff ratio (SSR), which must be benchmarked to comparable provision.
Status	NOT MET – condition.
Deadline	Monday 04 August 2025.
Rationale	<p>The GOC acknowledges that some assurance has been gained however 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 • Annex 10 – <i>2024-5 Timetable</i> • Annex 12 – <i>Staffing Document</i> • Annex 19 – <i>Risk Register BSc</i> • Annex 20 – <i>Risk Register MOptom</i> • Evidence submitted in support of a further information request • Evidence submitted in support of the formal response process <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • Workload management is supported by an Academic Workload Framework (AWF) and the Academic Workload System (AWS). • The qualification has an appropriately qualified and experienced lead. <p>There was insufficient evidence in the following areas:</p> <ul style="list-style-type: none"> • Contingency planning in case staffing levels drop under those required to meet the needs of the qualification. <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • Evidence of the contingency plans.

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