

College of Optometrists (CoO)
GOC FULL APPROVAL QUALITY ASSURANCE VISIT
Therapeutics Common Final Assessment in Independent Prescribing (TCFAs)
10 & 11 December 2024

Report confirmed by GOC	19 May 2025
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PART 1 – VISIT DETAILS

1.2 Programme details	
Programme title	Therapeutics Common Final Assessment in Independent Prescribing (TCFAs)
Programme description	<ul style="list-style-type: none"> The Therapeutics Common Final Assessment (TCFA) in Independent Prescribing is the final element of the route to registration in Independent Prescribing and delivered by the College of Optometrists (the College/provider). To undertake the TCFA, candidates must have passed the theoretical component of the route to registration and completed both a clinical placement and clinical log book. There are three TCFA exam sittings in each calendar year (Spring, Summer & Autumn). The TCFAs are conducted virtually.
Current approval status	Fully approved (FA)
Approved student numbers	N/A

1.3 GOC Education Visitor Panel (EVP)	
Chair	Gail Fleming – Lay Chair
Visitors	Sarah Fishburn – Lay member Pam McClean – Independent Prescribing/Optometrist member Andrew Logan – Independent Prescribing/Optometrist member
GOC representative	Georgie Carter – Operations Manager – Education & CPD Ashley Watterson – Education Operations Officer

1.4 Purpose of the visit	
Visit type	FULL APPROVAL QUALITY ASSURANCE VISIT
<p>The purpose of this visit was to review the programme against the requirements, as listed in the GOC's <i>A Handbook for Optometry: Specialist Registration in Therapeutic Prescribing (2008)</i> and the GOC Education A&QA-Supplementary Document-List of Requirements.</p> <p>Please note:</p> <ul style="list-style-type: none"> In cases where there is a discrepancy between the handbook and the list of requirements, the handbook took precedence. The programme was reviewed against all requirements, even those that have been deemed met during previous visits. <p>This visit took place remotely.</p>	

1.5 Programme history		
Date	Event type	Overview
05/12/2019	Visit	A full approval quality assurance visit took place on 5 December 2019.
18/06/2020	Change	The GOC noted a permanent change to deliver the TCFA remotely.

26/04/2021	Change	The GOC noted that the College would be permitting candidates to complete the clinical placement remotely/online.
22/07/2021	Change	The GOC noted that the College would be allowing IP-qualified Ophthalmic practitioners to supervise clinical placements under the overall supervision of a designated Ophthalmologist member.
27/08/2021	Change	The GOC noted that the College would be allowing IP candidates with more than two years between their completion of the theory element of the route to registration and their starting of the clinical placement. Candidates will have to have completed minimum CET/CPD to demonstrate continued relevant knowledge.
10/03/2023	Event	The GOC was informed of candidate concerns surrounding the delivery, content and conduct of the TCFAs conducted in March 2023.
06/10/2023	Change	The GOC noted a request to allow non-GMC registered IP mentors to supervise IP candidates.
12/09/2023	Visit	A targeted quality assurance visit took place on 12 September 2023.
06/06/2024	Administration	A full approval QA visit was confirmed for 10 & 11 December 2024.

PART 2 – VISIT SUMMARY

2.1 Visit outcomes	
The panel deemed eight requirements unmet and set six conditions and five recommendations. The panel recommended that one previous condition was deemed met. During the report writing process, the executive removed one recommendation.	
Summary of recommendations to the GOC	
Previous conditions – met/unmet	One previous condition that remained OPEN was deemed MET by the panel. Details regarding previous conditions are set out in section 2.2
New conditions	Eight requirements are deemed UNMET and six conditions are set. Details regarding the condition is set out in Part 3 .
New recommendations	Four recommendations are offered. Details regarding the recommendation are set out in Part 3 .
Actual student numbers	2023/24:398 2022/23: 349 trainees. 2021/22: 269 trainees. 2020/21: 135 trainees.
Approval/next visit	The next routine quality assurance visit, as per the interim handbook arrangements, should take place by December 2027. If the risk level associated with the programme is considered to be low, the GOC can consider delaying the next visit. The Interim visit process uses a desk-based approach to assess the need for a visit. It is intended to reduce the burden on the provider.
Factors to consider when scheduling next visit e.g. when students are in, hospital, audit etc.	<ul style="list-style-type: none"> • Feedback from candidates. • Feedback from External Examiners. • Observing the IP Panel Assessment Board.

2.2 Previous conditions		
The conditions listed below are extracted from the report of 11 October 2022 and 18 October 2023		
Requirement number	Condition number and description	Status
IP3.17 IP3.23 IP3.24 IP3.25	19/C001: The clinical log book must be revised to incorporate opportunities for students to evidence self-reflection and record achievement of learning outcomes	This condition was deemed MET by the executive prior to this visit taking place and was not reviewed by the panel at this visit.
IP3.17 IP3.23 IP3.24 IP3.25	19/C001: This revision of the clinical log book must enable inclusion of a record of relevant evidence-based reading	This condition was deemed MET by the executive prior to this visit taking place and was not reviewed by the panel at this visit.

IP5.1	01/2023: The provider must submit evidence to demonstrate that they will be implementing a plan to improve their existing quality assurance oversight of the remote invigilation service provided by Test Reach.	This condition was deemed MET by the executive prior to this visit taking place and was not reviewed by the panel at this visit.
IP5.1	02/2023: The provider is required to develop mechanisms to gain regular feedback from examination candidates.	This condition was deemed MET by the executive prior to this visit taking place and was not reviewed by the panel at this visit.
IP1.10 IP4.8	03/2023: The provider is required to develop a systematic approach by which questions in the question bank are regularly reviewed for their validity in relation to the most current Clinical Management Guidelines.	As a result of discussions held, and evidence submitted as part of this visit, the EVP recommends this condition is deemed MET . This condition was deemed MET by the executive in December 2024.
IP1.10 IP4.8	04/2023: The provider is expected to undertake a more comprehensive review of the questions at every sitting of the TFCAs and is required to specifically evidence that it has completed a thorough review of the questions for the November TFCAs to ensure alignment with the appropriate CMGs and current practice.	This condition was deemed MET by the executive prior to this visit taking place and was not reviewed by the panel at this visit.

2.3 Previous recommendations

The recommendations listed below are extracted from the report of 11 November 2022

Description	Comments
The COO to take ownership of the quality assurance of the clinical learning experience on placement as a key component of the pathway to registration	Discussions during the visit highlighted complications surrounding ownership for the quality assurance of the clinical placement, and the limited capabilities for the provider to lead on this. However, the panel identified areas that the provider should and could take ownership for, which link to conditions 1-4 and recommendations 1-3 set at this visit.
The COO to continue with, and further develop, engagement with training providers.	The panel note that the College has been in dialogue with training providers (universities), in relation to future programmes meeting the new Education and Training Requirements. As such, they are content that this recommendation had been taken on board.

2.4 Non-applicable requirements

The EVP recommends that some requirements be deemed fully or partially non-applicable to the programme at this stage due to its structure and level, and the differing, but overlapping, roles and responsibilities with theoretical training providers, for example:

- lack of detail in the handbook around the College's responsibility for the theoretical elements of the route to registration;
- lack of detail in the handbook around the College's responsibility for quality assurance of the clinical placement.

Additionally, the EVP recommends that some requirements be deemed non-applicable to the programme as:

- the College does not have a commercial partner for this programme.
- the College does not accept RPL/APL applications for this programme.
- the programme is not under provisional approval.
- the programme does not have a cohort cap.

A2.2	Providers delivering part of the route to registration must ensure that they take all necessary steps to assess whether a student would be able to complete the full scheme to registration.
A3.1	Providers must have a robust RPL/APL policy and associated procedures in place, which are quality assured and align with GOC policy
A5.1	Student optometrists or dispensing opticians must always make sure a patient knows their student status.
A5.2	The award of qualifications using the protected title of optometrist and dispensing optician is limited to qualifications approved by the GOC as meeting the professional standards required.
A5.3	Students who gain sufficient academic credits to receive an 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/dispensing optician.
A6.3	Providers must inform the GOC of any planned or actual changes to the approved student intake numbers of more or less than 10% and provide a rationale to include plans to be put in place so that GOC standards and requirements will continue to be met.
IP1.1	Providers must clearly identify the aims of the provision
IP1.2	Providers must indicate how their proposed qualification achieves the nine core competencies.
IP1.3	Providers must ensure the teaching and learning methods are appropriate for each stated learning outcome.
IP1.4	A variety of teaching and learning methods must be used to deliver the programme.
IP1.5	The delivery is appropriate for each of the stated learning outcomes.
IP1.6	The programme must be at academic level 6 or 7 (HE3/M level).
IP1.7	Providers must ensure that students pass the theory modules and demonstrate that they have the necessary clinical skills before commencing the clinical placement.
IP1.8	Training requirements must be modular and flexible.
IP1.9	The programme must be designed to achieve the required learning outcomes and core competencies.
IP1.10	Learning strategies and assessment methods must be appropriate for the material being taught and the learning outcome that is being tested.

IP1.11	The programme must be of sufficient length to achieve the learning outcomes and should include at least two days of face to face learning activities.
IP2.1	Providers inform the GOC of any commercial sponsorship of the training programme.
IP2.2	A selection of teachers from relevant different disciplines is involved in the delivery of the programme.
IP2.3	Students should receive appropriate professional support by suitably GOC registered staff.
IP3.1	Students who wish to gain informal clinical experience prior to formal placement commencing are encouraged to make these informal arrangements.
IP3.2	Students must receive comprehensive clinical practice.
IP3.5	The clinical practice placement should be spent in a hospital eye service or specialist general practice under the supervision of a designated ophthalmologist, and provide the experience stated in the patient experience requirements.
IP3.6	Where there is an issue requiring resolution concerning the suitability of a practice placement, the issue and supporting evidence must be referred to the GOC for arbitration.
IP3.10	The designated mentor must provide supervision, support and appropriate clinical exposure so that the student can develop links between theory and practice.
IP3.12	The PBL must ensure that the student is competent in the assessment, diagnosis and management of the ophthalmic conditions for which the optometrist intends to prescribe.
IP3.13	The PBL must ensure that the student is able to recognise those sight threatening conditions that should be referred.
IP3.14	The PBL must ensure that the student is able to consult effectively with patients.
IP3.15	The PBL must ensure that the student is able to monitor the response to treatment to review both the working and differential diagnosis, and to modify treatment or refer/consult/ seek guidance as appropriate.
IP3.16	The PBL must ensure that the student makes clinical decisions based on and with reference to the needs of the patient.
IP3.17	The PBL must ensure that the student critically analyses and evaluates his or her ongoing performance in relation to prescribing practice.
IP3.19	Clinical training must be structured to ensure that each student is exposed to sufficient numbers of patients presenting with the conditions that he or she will manage therapeutically. In addition, the student must be exposed to a range of ophthalmic conditions so as to develop differential diagnostic skills.
IP4.2	There must be a formal assessment, (normally) be carried out by the training provider, at the conclusion of the theoretical element and immediately prior to entry to the clinical placement.
IP4.7	The learning outcomes must be assessed by a variety of methods to test knowledge, skills and a reflective approach to the continued professional development of prescribing practice.

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.

IP3.8	The choice of mentor and the environment in which the mentorship will be delivered must be recorded by the College (and the provider, as appropriate).
Condition 1	The College is required to submit evidence to demonstrate that the environment in which the mentorship will be delivered is recorded by the College of Optometrists
Date due	Friday 30 May 2025
Rationale	<p>During conversations at the visit the panel established that, whilst the mentor and location of mentorship for each trainee was recorded by the College, the environment, e.g. Hospital Eye Service in which the mentorship will be delivered is not recorded by the College.</p> <p>As it is explicit in the handbook that the College is required to record the environment of the mentorship, the College are required to submit evidence to demonstrate that it is being recorded by them.</p>
IP3.11	The provider must ensure that the mentor is sufficiently familiar with the requirements of the training programme and the need to achieve the stated learning outcomes and competencies.
Condition 2	The College is required to submit evidence to demonstrate that guidance to mentors is developed to ensure alignment with the handbook requirements, and to ensure that roles and responsibilities of the ophthalmologist mentor and delegated practitioner are clear.
Date due	Friday 30 May 2025
Rationale	<p>Throughout the visit the panel identified that there is inconsistency amongst Ophthalmologist mentors during the clinical placement. The panel recognise the lack of detail in the handbook around the College's responsibility for quality assurance of the clinical placement. The panel is aware that the College is responsible for ensuring the appropriateness of the mentorship and completion of the log book to undertake the TCFA. As such, the panel believe that improvements can be made to the guidance given by the College to mentors, to ensure parity between mentorships.</p> <p>During the visit the panel were made aware of a change notification submitted to, and noted by, the GOC in 2021. This permitted trainees to have a designated Ophthalmic Practitioner to sign off their individual patient episode sessions, within the log book, under the indirect supervision of an Ophthalmologist mentor. However, the Ophthalmologist mentor is still required to have final sign-off of the log book in its entirety.</p>

	<p>There is agreement amongst the panel, the College, and the GOC that 'indirect supervision' does still require a level of involvement in the mentorship by the Ophthalmologist given their responsibility to sign-off the entire log book. However, conversations during the visit demonstrated that there is inconsistency amongst Ophthalmologist mentors and differences in the understanding of 'indirect supervision', with some Ophthalmologists having never met or spoken to the trainees that they mentor. As such, the panel believe it would be beneficial for the College to offer further guidance to mentors on the expectations of their relationship with their mentees. Specifically, that the overarching mentor has met with the mentee to ensure they have the necessary assurance to sign off the log book.</p> <p>Discussions throughout the visit, and reviews of documentation, also demonstrated that the reading log is not always completed by trainees. The handbook highlights that trainees should complete a reading log as part of the log book. As such, the panel believe it would be beneficial for the College to provide guidance to mentors to highlight that trainees should complete the log book reading log and a critical reflection of their own performance. The panel also believe it would be beneficial for the College to require mentors to check it is being completed.</p> <p>Conversations during the visit also highlighted that there are discrepancies in the communication of responsibilities for signing off learning outcomes. For example, the panel were informed on the visit that the mentor is responsible for signing off completion of learning outcomes. However, the website states that it is not the mentor's responsibility to formally assess the learning outcomes since these will be assessed by the University and The College of Optometrists. As such, the College is required to submit evidence to demonstrate that clear guidance has been given to mentors on this.</p>
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IP3.20	Each student must maintain a log book of practice evidence to verify that learning outcomes and core competencies have been achieved.
IP3.24	The log book must evidence that the student has critically reflected on his or her own performance and show evidence of personal and professional development.
Condition 3	The College is required to evidence that the paper log book and online log book have been brought in alignment with one another
Date Due	Friday 30 May 2025
Rationale	<p>The panel's review of both the online and paper log books, that are created by the College for use by trainees, demonstrated that there are discrepancies between the two versions. For example, learning outcomes are listed to be ticked off in each episode in the online log book only, and the facility to critically reflect within the log book is not consistent between the two versions and therefore is not always documented. For example, in the paper logbook the reflective log is a single section at the end. Within the online version, the trainee is prompted to complete a reflective log after each session.</p> <p>The College is required to submit evidence to demonstrate that the paper and online log books have been brought into alignment with one another. This is to encourage parity in experience between trainees to allow them to complete their log books to the same level.</p>

IP3.25	A summary sheet showing where in the log book the evidence for the achievement of learning outcomes can be found must be provided.
Condition 4	The College is required to evidence that a log book summary sheet is included within log books, to demonstrate where individual learning outcomes have been achieved.
Date Due	Friday 30 May 2025
Rationale	<p>The panel's review of both the online and paper log books, demonstrated that there are discrepancies between the two versions when it comes to the summary sheet provided.</p> <p>As it is a requirement for trainees to complete a summary sheet to demonstrate achievement of learning outcomes as part of the log book, and the College provide the log books in which trainees complete, the College are required to submit evidence to demonstrate that a log book summary sheet has been included in both the paper and online log book template for trainees to complete.</p>

IP4.8	Assessment mechanisms must be suitable for the understanding, knowledge, skills and competencies they are designed to test.
Condition 5	The College is required to demonstrate mapping of their assessment methods to the competencies
Date Due	Friday 30 May 2025
Rationale	<p>Review of the pre-visit documentation and conversations during the visit demonstrated to the panel that the College had not carried out a mapping of their assessment methods against the competencies.</p> <p>The panel recognise that the TCFA is not designed to test all competencies but, as it is a requirement of the handbook, a mapping exercise to demonstrate which competencies are tested should have been completed by the College. The panel believe this will provide useful information to trainees and ensure a wider understanding of what competencies the TCFA is testing.</p> <p>As such, the College are required to submit evidence to demonstrate that this mapping exercise has taken place.</p>

IP7.7	No more than two years may elapse between the student's completion of the clinical placement and their taking the College's Therapeutic Final Common Assessment [TCFA] (or suitable and approved alternative).
Condition 6	The College is required to submit evidence to demonstrate that a formal policy has been developed to manage cases where trainees exceed the 2-year time limit for taking and re-attempting the TCFA.
Date due	Friday 30 May 2025
Rationale	<p>During the visit, the College confirmed to the panel that they considered the 2-year time limit for sitting the TCFA following completion of the clinical placement, as specified in the handbook, applies to a trainee's first attempt only.</p> <p>The panel recognise that the handbook does not specify that each attempt of the TCFA (beyond 2-years from completing the clinical placement) would be considered as exceeding the time limit (as specified in the handbook). However, the panel were concerned that the College's current interpretation – that the first attempt only of the TCFA must be within 2</p>

	<p>years of finishing the clinical placement - could raise questions surrounding public safety.</p> <p>When asked what they would do if a trainee was re-attempting the TCFA 5 years after completing the clinical placement, which the panel recognise is an extreme circumstance, the College explained that the trainee's attempts would be managed by the College on a case-by-case basis. Following this response, the panel were concerned that the current informal approach could allow for inconsistencies between candidates.</p> <p>As such, the College is required to submit evidence to demonstrate that a formal policy has been developed to manage cases where trainees exceed the 2-year time limit for taking and re-attempting the TCFA. This policy must include details on how the College reviews cases that exceed the two years, and how risk is monitored and mitigated.</p>
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3.2 Recommendations offered at this visit	
The EVP offers the following recommendations to the College.	
IP3.23	A reading log of the literature that has been used by the student to inform his or her understanding of prescribing practice must be provided.
Recommendation 1	The panel encourage development of the log book to include the facility for mentors to formally review and sign off the reading log.
Rationale	<p>The handbook highlights that trainees should complete a reading log as part of the log book, as evidence of the literature that has been used by the trainee to inform their understanding of prescribing practice.</p> <p>Throughout the visit and when reviewing documentation, it was evident to the panel that the reading log is not always completed by trainees, and not always a comprehensive list of literature.</p> <p>The panel believe it is due to the reading log not being signed off by mentors. As such, the panel believe it would be beneficial for the College to provide the facility for the reading log to be formally reviewed and signed off by mentors, to encourage trainees to complete it in full in both the paper and electronic versions.</p>
IP3.24	The log book must evidence that the student has critically reflected on his or her own performance and show evidence of personal and professional development.
Recommendation 2	The panel encourage development of the log book to include the facility for mentors to formally review and sign off the critical reflection element.
Rationale	<p>The handbook highlights that a trainee's log book should include critical reflection on their own performance, showing evidence of personal and professional development.</p> <p>Throughout the visit and when reviewing documentation, it was evident to the panel that critical reflections are not always documented by trainees and are not always comprehensive.</p> <p>The panel believe this is in part due to the differences between the paper and online log book, and the facility to complete critical</p>

	reflection in it (see condition 3). However, the panel also believe it is due to the critical reflection not being formally reviewed and signed off by mentors. As such, the panel believe it would be beneficial for the College to provide the facility for the critical reflection to be formally reviewed and signed off by mentors, to ensure trainees complete it in full.
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IP5.1	Providers must have quality assurance information/handbooks which indicate the QA arrangements to audit the appropriateness of the learning/assessment environments and provide guidance to achieve the requirements of this handbook.
Recommendation 3	The College is encouraged to formalise their feedback process for their External Examiners
Rationale	<p>During the visit, the panel heard that External Examiners review and offer feedback on the draft paper for each TCFA sitting. Once they have reviewed the paper their feedback is shared with, and reviewed by, and acted on appropriately by the IP Assessment Panel Chair.</p> <p>Conversations during the visit highlighted that, once the IP Assessment Panel Chair reviews the External Examiners' comments, the External Examiners do not receive formal feedback on their review of the paper. Instead, they may receive a copy of the final exam paper but only after the exam has been attempted. The executive acknowledges that it is part of the process that the External Examiners are informed if the changes they have suggested have been implemented. However, the panel felt it would be beneficial for the External Examiners to receive formal written feedback on all of their feedback for the paper, prior to it becoming live, to allow for a complete feedback loop. Including where changes suggested may not have been implemented.</p>

IP5.1	Providers must have quality assurance information/handbooks which indicate the QA arrangements to audit the appropriateness of the learning/assessment environments and provide guidance to achieve the requirements of this handbook.
Recommendation 4	The College is encouraged to provide the candidate feedback to the IP assessment panel and IP Development Group, following each TCFA sitting.
Rationale	<p>During the visit, the College advised the panel of intentions to share candidate feedback with the IP Assessment Panel on an annual basis. The panel noted that this had not yet been shared as the first survey was sent out in March 2024.</p> <p>Following the GOC Panel's review of candidate feedback, it was felt that this could be fed back more frequently than currently planned to ensure thorough consideration after each sitting. The panel also believe it would be beneficial for the feedback to be shared with the IP Development Group. However, the panel is not recommending that this is done so at the expense of other important roles and responsibilities undertaken by these groups. Such as the standard setting process for the TCFA.</p>

	The College acknowledged that they had not considered sending the feedback to the IP Development Group. The panel were encouraged that the College was already receptive to this suggestion and continue to encourage them to share the feedback with the IP Development Group.
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PART 4 – ADDITIONAL ISSUES

4.1 Clinical Placements	
Background	<p>Review of the pre-visit documentation for this visit, the documentation associated with the 2019 visit, and conversations during the visit highlighted that there is a lack of oversight in the clinical placement for Therapeutic Prescribing.</p> <p>The College informed the panel during this visit that they are not responsible for the quality assurance of the placements, that they were never set up to be responsible for this following creation of the Handbook for Optometry Specialist Registration in Therapeutic Prescribing (2008), and that there are historic agreements in place with the executive on this.</p> <p>During this visit, the visiting panel further highlighted concerns with the lack of oversight of the clinical placement.</p> <p>Following close review of the 2008 handbook, the executive identified that much of the responsibilities for completing what is required during the clinical placement is placed on the trainee themselves.</p>
Conclusions	<p>Following conversations with the College and advice from the Executive, the panel agreed that much of the requirements linked to the clinical placement (see section 2.4) may not be applicable to the College. However, one requirement (IP3.10) was deemed as applicable and not met though no condition was set. Instead, it was agreed that the executive would take these concerns surrounding the clinical placement forward and work with the College to find a way to resolve the concerns regarding the quality assurance of the clinical placement.</p>
Rationale	<p>The executive is aware of the historic concerns surrounding oversight of the clinical placement but is conscious that the wording of the handbook ultimately means that much of the responsibility is placed on the trainee and the mentor. The handbook is clear of the College's responsibilities to:</p> <ul style="list-style-type: none"> • Ensure the mentor is appropriate. • Ensure only those who have registered with the College in advance of commencing their Clinical Placement can undertake the TCFA. • To record the choice of mentor and the environment in which the mentorship will be delivered • Ensure that an appropriate log book has been completed to allow entry to the TCFA.

	Where the College's responsibilities were clear, appropriate conditions and recommendations have been set (see Part 3). Where the responsibilities are unclear or placed on the trainee, are the areas in which further conversations are required to ensure that the clinical placements undertaken are appropriate and meet the requirements of the handbook.
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4.2 IP Assessment Panel Observation	
Background	The next IP Assessment Panel meeting is taking place in March 2025. Considering the time between the Head Office visit and the next IP Assessment Panel meeting the executive confirmed that they would consider whether the observation was required at all. It was agreed that this decision and observation, if required, would not delay the ratification of this report and that a separate report would be produced.
Conclusions & Rationale	As the IP Assessment Panel is not an examination board, and individual candidate scores are not ratified by the IP Assessment Panel, and the panel were assured of the roles and responsibilities of the IP Assessment Panel the executive believe it is proportionate and appropriate to consider if this observation is required.