

University of the West of England
Report of the outcomes of the adaptation to the GOC education & training requirements
MSci Optometry
UWE-OP1-ETR
Report confirmed by GOC 25 March 2025

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SECTION ONE – ABOUT THIS DOCUMENT

1.1 ABOUT THIS DOCUMENT

This report outlines the outcomes of the review of University of the West of England's adapted MSci 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 Form 2a).
- The status of all the standards reviewed as part of the adaptation/application process (which includes the formal response process).
- Any action the University of the West of England 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 the 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 (CoO) will be delivering the Clinical Learning in Practice (CLiP) scheme.

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SECTION THREE – QUALIFICATION DETAILS

3.1 QUALIFICATION DETAILS	
Qualification title	MSci Optometry
Qualification level	Regulated Qualifications Framework (Level 7)
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)	CertHE Vison Science DipHE Vison Science BSc Vison Science BSc (hons) Vison Science
Total number of students per cohort	60

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SECTION FOUR – SUMMARY OF THE OUTCOMES OF THE ADAPTATION PROCESS

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

4.2 GOC REVIEW TEAM	
Officer	Lamine Kherroubi – Education Operations Officer Shaun de Riggs – Education Operations Officer
Manager	Georgina Carter – Operations Manager (Education &CPD) Lisa Venables – Education Development Manager
Decision maker	Samara Morgan – Head of Education and CPD
Education Visitor Panel (panel) members	<ul style="list-style-type: none"> • Professor Carl Stychin – Lay Chair • Pam McClean – Optometrist member • Janice McCrudden – Optometrist & Independent Prescribing Optometrist member • Mark Chatham – Dispensing Optician & Contact Lens Optician member

4.3 SUMMARY OF CONDITIONS AND RECOMMENDATIONS	
Conditions	The qualification has been set no conditions.
Recommendations	<p>The qualification has been set four recommendations against the following standards:</p> <ul style="list-style-type: none"> • S3.4/S3.7/S4.4 • S3.19 • S5.1 • S5.2
<p>Commentary against all of the standards reviewed are 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>	

4.4 STANDARDS OVERVIEW	
<p>The standards reviewed as part of the adaptation process for approved qualifications (as outlined in Form 2a or in the Adaptation Form*) are listed below along with the outcomes, statuses, actions, and any relevant deadlines. Actions may include the following:</p> <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 	

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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.

- **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 provider was required to complete or submit as part of the education and training requirements (ETR) adaptation process can be found on our [qualifications in optometry or dispensing optics](#) webpage.

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 provides 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"> • A completed ‘Template 2 – Criteria Narrative’ • University Admissions Policy University Admission Policy • University Accredited Learning Policy • University Accredited Learning Application Form <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • The provider has supplied information that clearly meets the outlined criteria regarding a well-defined selection and admission process for both national and international applicants. • Additionally, the provider has demonstrated appropriate and clear International English Language Testing System (IELTS) requirements.

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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 provides 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"> • A completed 'Template 2 – Criteria Narrative'. • University Accredited Learning Policy • University Accredited Learning Application Form <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That the provider has an appropriate Accredited Learning (AL/AEL) policy that is supported by effective and robust policies and systems. • That the AL/AEL policy is applied consistently and fairly.

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	MET – no further action is required at this stage.
Deadline	Not applicable
Rationale	<p>The evidence reviewed provides 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"> • A completed 'Template 2 – Criteria Narrative' • MSci Optometry Programme Assessment Strategy • – Assessment feedback and operation guidance • A completed 'Template 4 – assessment strategy' • A completed 'Template 5 – module outcome mapping' • A completed 'Template 8 – mapping to SPOKE indicative guidance'. • Draft Partnership Agreement with the College of Optometrists

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	<ul style="list-style-type: none"> • University’s academic regulations 2023/24. • Exam boards note of guidance. <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That the provider has a clear and comprehensive assessment strategy for the award of the approved qualification. • How the learning outcomes will be assessed throughout the qualification. • How the assessments lead to the awarding of the approved 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 provides 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"> • A completed ‘Template 2 – Criteria Narrative’ • Module specifications • Programme specification • A completed ‘Template 4 - Assessment strategy’ • A completed ‘Template 5 – module outcome mapping’ • Narrative provided in support of the formal response process • IPL inclusion in qualification delivery document. <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That the qualification provides students with access to an appropriate range of patients in a variety of settings. • The qualification integrates inter-professional learning (IPL) and teamwork, ensuring students develop collaboration and leadership skills through structured activities and assessments. • Patient experience and IPL exposure increases in volume and complexity as students progress through the qualification.

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.

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	Stakeholders involved in the teaching, supervision and/or assessment of students must be appropriately trained and supported, including in equality and diversity.
Status	MET – a recommendation is set
Deadline	Friday 01 August 2025
Rationale	<p>The evidence reviewed provides 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"> • A completed ‘Template 2 – Criteria Narrative’ • Programme development Document and Narrative • Staff performance and development review (PDR) documents • Supervisor Handbook • Stakeholder feedback methods. • Draft partnership agreement with the College of Optometrists <p>The information reviewed provided sufficient assurance that:</p> <ul style="list-style-type: none"> • The provider has established comprehensive staff training initiatives, including performance development reviews. • The provider delivers structured support and training for service users, assessors, teaching staff, and supervisors. • Service users actively contribute to the delivery of the qualification. • The provider demonstrates an ongoing commitment to stakeholder engagement, ensuring support in curriculum design, delivery, and assessment of outcomes. <p>Although the information reviewed provided sufficient assurance that this standard is MET, a recommendation has been set in relation to this standard as the GOC considers that it can be enhanced.</p> <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • A signed partnership agreement with the College of Optometrists. <p>This is not considered to present a risk at present but will be monitored as part of ongoing quality assurance activity.</p> <p>Please also see S3.7 and S4.4.</p>

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, 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 provides 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"> • A completed ‘Template 2 – Criteria Narrative’,

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	<ul style="list-style-type: none"> • A completed 'Template 4 – assessment strategy' • A completed 'Template 8 – mapping to SPOKE indicative guidance'. • Module specifications. • Assessment and feedback operational guidance. • Evidence on assessment criteria, compensation rules, and resit opportunities <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That the provider has a robust assessment strategy that ensures learning outcomes are assessed using a range of methods. • That the provider has a clear progression process, confirming that all final summative assessments must be passed, ensuring students fully meet the required learning outcomes before progressing. • The provider has implemented appropriate re-sit opportunities within, and between, modules.
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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	MET – no further action is required at this stage.
Deadline	Not applicable
Rationale	<p>The evidence reviewed provides 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"> • A completed 'Template 2 – Criteria Narrative,' • A completed 'Template 4 – assessment strategy' • A completed 'Template 8 – mapping to SPOKE indicative guidance'. • Module specifications. • Assessment and feedback operational guidance • Providers academic regulations • Providers academic appeals policy. • Programme specification. • Marking Guidance Document. • Assessment feedback and marking criteria. • Professional suitability and conduct procedure. • Academic conduct academic misconduct procedures • Draft Partnership Agreement with the College of Optometrists <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • The types and range of assessment methods are appropriate to the approved qualification. That appropriate training is provided to

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	<p>necessary staff to ensure consistency in making assessment decisions and applying assessment criteria.</p> <ul style="list-style-type: none"> • Competency thresholds are clearly defined, with safeguards in place to address unsafe practice, including automatic failure for patient safety risks. • An appropriate reasonable adjustment policy is in place which ensures achievement of learning outcomes is not compromised. • GOC learning outcomes must be passed.
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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	MET – a recommendation is set
Deadline	Friday 01 August 2025
Rationale	<p>The evidence reviewed provides 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"> • A completed ‘Template 2 – Criteria Narrative’ • A completed ‘Template 4 – assessment strategy’ • A completed ‘Template 5- module outcome mapping’ • Assessment and feedback operational guidance • Quality assurance measures for CLiP scheme • Draft partnership agreement with the College of Optometrists <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • The types and range of assessment methods are appropriate to the approved qualification, incorporating Miller’s Pyramid of Clinical Competence to ensure a structured and tested approach to evaluation. • Minimum pass criteria are clearly defined and are appropriate. • Assessments take place across various learning environments and are appropriately quality controlled. • An appropriate partnership agreement between the provider and the College of Optometrists is in place, though currently unsigned. <p>Although the information reviewed provided sufficient assurance that this standard is MET, a recommendation has been set in relation to this standard as the GOC considers that it can be enhanced.</p> <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • A signed partnership agreement with the College of Optometrists. <p>This is not considered to present a risk at present but will be monitored as part of ongoing quality assurance activity.</p> <p>Please also see S3.4 and S4.4.</p>

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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 provides 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"> • A completed ‘Template 2 – Criteria Narrative’ • Narrative regarding the qualification’s development • Programme specification. • Appendix 5 – programme development. • Appendix 16 - programme specification. • Enhancement Framework Weblink <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • The qualification includes a range of teaching, learning and assessment methods. • Stakeholder engagement, including students, faculty, placement providers, and clinical professionals, supports continuous curriculum improvement, ensuring that the programme remains aligned with industry expectations and evolving professional standards.

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	MET – no further action is required at this stage.
Deadline	Not applicable
Rationale	<p>The evidence reviewed provides 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"> • A completed ‘Template 2 – Criteria Narrative’ • A completed ‘Template 5- module outcome mapping’. <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That the programme meets the requirement of 1600 hours/48 weeks of patient-facing learning and experience in practice

Standard no.	S3.16
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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.
Deadline	Not applicable
Rationale	<p>The evidence reviewed provides 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"> • A completed ‘Template 2 – Criteria Narrative’ • The qualifications assessment strategy • Module specifications <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • Module specifications outline the outcomes delivered during learning and experience in practice, ensuring alignment with programme objectives. • The types and range of assessment methods are appropriate to the approved qualification. • The qualification has a comprehensive and clear assessment strategy. • The principles of Miller’s pyramid have been incorporated within the qualification.

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 provides 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"> • A completed ‘Template 2 – Criteria Narrative’ • Narrative regarding the qualification’s development Appendix 5 – The Programme development • Programme Design and Development Report Excerpt. • Qualification Assessment Strategy. • completed ‘Template 4 assessment strategy’. <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • How the provider has incorporated stakeholder feedback into the development of the qualification. • How the provider has incorporated stakeholder feedback into the assessment strategy of the qualification.

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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. 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	MET – a recommendation is set.
Deadline	Supporting evidence to be submitted as part of the AMR cycle 2024/25 (submitted January 2026)
Rationale	<p>The evidence reviewed provides 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"> • A completed 'Template 2 – Criteria Narrative' • The School of Health and Social Wellbeing Information Document. • EDI Data collection statistics. • Narrative provided in support of the formal response process <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That appropriate EDI data is being collected at qualification level. • That some analysis of EDI data in relation to differential attainment has taken place. • That the use of EDI data to enhance the students' experience on the qualification is being considered. <p>Although the information reviewed provided sufficient assurance that this standard is MET, a recommendation has been set in relation to this standard as the GOC considers that it can be enhanced.</p> <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • Examples showing how qualification level EDI data has been considered in the development, design and construction of the qualification. • Examples of how EDI data has been used to inform the continuous development, design and construction of the qualification. • The processes in place to support the consideration of qualification level EDI data in the development, design or construction of the qualification. <p>This is not considered to present a risk at present but will be monitored as part of ongoing quality assurance activity.</p>

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.

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Deadline	Not applicable
Rationale	<p>The evidence reviewed provides 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"> • A completed 'Template 2 – Criteria Narrative' • UWE Bristol Articles of Governance <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That the provider of the approved qualification is legally incorporated and has provided assurance it has the authority and capability to award the approved qualification.

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 provides 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"> • A completed 'Template 2 – Criteria Narrative' • Academic Regulations • UWE Bristol Articles of Governance <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That the provider of the approved qualification has clearly outlined its corporate structure, governance framework, and accountability mechanisms in relation to awarding the qualification.

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 – a recommendation is set.
Deadline	Supporting evidence to be submitted as part of the AMR cycle 2024/25 (submitted January 2026)
Rationale	<p>The evidence reviewed provides 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"> • A completed 'Template 2 – Criteria Narrative' • Draft partnership agreement with the College of Optometrists <p>The information reviewed evidenced, amongst other elements:</p>

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	<ul style="list-style-type: none"> • There is a clear framework supporting the relationship between the provider and the College of Optometrists. • There are distinguished roles and responsibilities for the provider and the College of Optometrists. <p>Although the information reviewed provided sufficient assurance that this standard is MET, a recommendation has been set in relation to this standard as the GOC considers that it can be enhanced.</p> <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • A signed partnership agreement with the College of Optometrists. <p>This is not considered to present a risk at present but will be monitored as part of ongoing quality assurance activity.</p> <p>Please also see S3.4 and S3.7.</p>
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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 provides 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"> • A completed ‘Template 2 – Criteria Narrative’ <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That the named person who will be the primary point of contact for the GOC.

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	MET – no further action is required at this stage.
Deadline	Not applicable
Rationale	<p>The evidence reviewed provides 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"> • A completed ‘Template 2 – Criteria narrative’ • External work for Academics outside UWE Bristol contract • Optometry qualification Risk Register • Excerpt from student placement questionnaire <p>The information reviewed evidenced, amongst other elements:</p>

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	<ul style="list-style-type: none"> • Risk management measures are in place to address potential challenges, with structured processes for identifying and mitigating risks at different levels. • The provider has robust mechanisms and processes for identifying and managing conflicts of interests. • The provider has an established procedure for regularly reviewing and updating its risk register. •
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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 – a recommendation is set.
Deadline	Supporting evidence to be submitted as part of the AMR cycle 2024/25 (submitted January 2026)
Rationale	<p>The evidence reviewed provides 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"> • A completed 'Template 2 – Criteria narrative • Programme team working hours. • UWE Benchmarking email to South West Providers. <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • The provider has explained a clear approach to academic workload allocation. • The provider maintains effective budget control to sustain resources and facilities. • The provider ensures suitable facilities and physical resources. <p>Although the information reviewed provided sufficient assurance that this standard is MET, a recommendation has been set in relation to this standard as the GOC considers that it can be enhanced.</p> <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • Documented processes to identify, secure, evaluate and maintain a sufficient and appropriate level of ongoing resource. <p>This is not considered to present a risk at present but will be monitored as part of ongoing quality assurance activity.</p>

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	MET – a recommendation is set.
Deadline	Supporting evidence to be submitted as part of the AMR cycle 2024/25 (submitted January 2026)
Rationale	<p>The evidence reviewed provides 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"> • A completed 'Template 2 – Criteria narrative. • Programme Team working hours. • Supervising Optometrist Job Description. • Cohort intake numbers. <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That the qualification has leadership. • There is an appropriate range and number of staff to deliver the qualification. There is a sufficient number of registrant/specialist staff members to deliver the qualification Although the information reviewed provided sufficient assurance that this standard is MET, a recommendation has been set in relation to this standard as the GOC considers that it can be enhanced. <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • Clear and appropriate documentation of the data informing the SSR calculation. • Evidence of the formal processes in place to inform and benchmark the SSR calculation. <p>This is not considered to present a risk at present but will be monitored as part of ongoing quality assurance activity.</p>

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