General Optical Council

Aston University
Full Approval Quality Assurance Visit
Independent Prescribing for Optometrists
26 & 27 October 2021 Two-day visit

Report confirmed by General Optical Council (GOC)	05 January 2022

TABLE OF CONTENTS

PART 1 – VISIT DETAILS

1.2 Programme details

Programme title	Independent Prescribing for Optometrists
Programme type	Level 7 course certificate/professional accreditation
Programme description	The Independent Prescribing for Optometrists programme: • Is designed to provide the theoretical background required for the Diploma in Therapeutics (DipTp) for the Independent Prescribing qualification delivered and managed by the College of Optometrists (CoO). Aston University delivers the training element of the route to registration, and the CoO delivers the practice-based learning and qualifying examination elements of the route. • Is distance-learning and online-based. Teaching is delivered using the virtual learning environment, Blackboard. • Comprises two level seven modules: OP4OT1 – Ocular Therapeutics & OP4OT2 – Prescribing for Disorders of the Eye. Each module is worth 20 credits and lasts 14 weeks. The modules are taken sequentially. • Is approximately eight months in duration.
Current approval status	Full approval (granted in November 2008)
Approved student numbers	60 students per cohort

1.3 GOC Education Visitor Panel (panel)

Chair	Mark Bissell - Lay member
Visitors	• Will Naylor – Lay member • Graeme Kennedy – Independent Prescribing Optometrist/Optometrist member • Pam McClean – Independent Prescribing Optometrist/Optometrist member
GOC representative	Ella Pobee - Approval & Quality Assurance Officer
Observers	Shola Smith – Education Administrator (GOC)

1.4. Purpose of the visit

Visit type	Quality Assurance Visit

The purpose of this full approval quality assurance visit was to:

1. review Aston University's (University) Independent Prescribing for Optometrists programme (programme) to ensure it meets the requirements as listed in the GOC's *Handbook for Optometry Specialist Registration in Therapeutic Prescribing (July 2008)* (handbook) and the *GOC Education A&QA-Supplementary Documents-List of Requirements* (list of requirements).

Due to the COVID-19 pandemic this visit took place remotely.

1.5 Programme history since the last visit		
Date	**Event type**	**Overview**
March 2018	Visit	A full approval quality assurance visit was undertaken. The University was set two conditions and offered four recommendations. After the visit, the University submitted sufficient evidence in relation to the two conditions for them to be deemed met.
June 2020	Change notification	The University submitted a request to increase student numbers from 30 to 60 per cohort. This is approved by the GOC.
August 2020	Change notification	The GOC noted that, due to the pandemic, the University waived the need for students to submit letters of support as part of the admissions process.

1.6 Previous conditions		
The conditions listed below are extracted from the report of the full approval quality assurance visit undertaken on 21 & 22 March 2018		
Reference number	**Condition description**	**Status**
1	The Programme Team must supply a revised document mapping the independent prescribing learning outcomes to the forms of assessment (pg. 28 of the handbook).	This condition was deemed **MET** by the executive prior to the October 2021 visit taking place.
2	The Programme Team must conduct a comprehensive and systematic revision of all MCQs and VIMOCs and all items to be quality assured in terms of their content and construction.	This condition was deemed **MET** by the executive prior to the October 2021 visit taking place.

1.7. Previous recommendations offered	
The recommendations listed below are extracted from the report of the full approval quality assurance visit undertaken on 21 & 22 March 2018.	
Recommendation 1	To provide the Independent Prescribing for Optometrists Programme with a clearer identity as a route to GOC Specialist registration.
Recommendation 2	The programme team should be able to provide evidence that there is robust and effective external quality assurance of the Independent Prescribing for Optometrists programme. In particular, an appropriate external examiner should be asked to report specifically on the two modules of the programme.
Recommendation 3	To review the range of programme delivery methods in order to broaden and enrich multimedia learning opportunities.

Recommendation 4	To continue to develop ways in which peer-to-peer and student/staff interaction can be promoted.

PART 2 – VISIT SUMMARY

2.1 Visit outcomes & summary of recommendations to the GOC	
New conditions	The panel recommends that: • **No** requirement is deemed **unmet.** • **No** conditions are set.
New recommendations	The panel recommends that: • **Four** recommendations are offered.
Student numbers	• Number of students actively commencing OP4OT1 in October 2021– **40** • Number of students actively commencing OP4OT2 in October 2021– **49**
Approval/next visit	The panel recommends: • That full approval for the programme should continue until the next visit. • The next visit should take place in October 2026.
Factors to consider when scheduling next visit e.g., when students are in, hospital, audit etc.	• The programme is delivered outside of the usual academic year. New intakes are admitted yearly on 1 March and 1 October. • The next visit is intended to review the programmes against the relevant requirements and standards. The outcomes of the GOC's Education Strategic Review (ESR) will be known by the time of the next visit and the programme will be assessed against the relevant requirements depending on the stage of adaptation.

2.2 Non-applicable requirements	
The panel recommends that some requirements be deemed non-applicable to the programme at this stage due to its structure and level and the differing, but overlapping, roles and responsibilities of the University and the CoO for example: • the programme is set at postgraduate level. • the University only provides the theory aspect of the route to registration. • the CoO is responsible for the clinical placement and ensuring all the elements of logbook are completed under supervision. • the administration of the Therapeutic Common Assessment Framework (TCAF) is the responsibility of the CoO. Additionally, the panel recommends that some requirements be deemed non-applicable to the programme as: • the University does not have a commercial partner for this programme.	
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.
IP2.1	Providers inform the GOC of any commercial sponsorship of the training programme.
IP3.2	Students must receive comprehensive clinical practice.
IP3.4	The clinical practice placement must normally be undertaken in the UK.
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.
IP3.7	The student must make suitable arrangements for their mentorship
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).
IP3.9	The student must register with the College in advance of commencing their practice placement, providing details of the mentorship.
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.
IP3.20	Each student must maintain a log book of practice evidence to verify that learning outcomes and core competencies have been achieved.
IP3.21	The log book must contain details of all patients seen, signed off by the mentor, and an indication of the actual involvement of the student in each patient episode.
IP3.22	Full information regarding each patient's clinical presentation, management and follow-up must be provided.
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.
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.
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.
IP3.26	The student's involvement in the patient care episodes described in the log book must be signed off by the supervising medical practitioner.

IP3.27	The log book must be submitted to the examiners prior to the final assessment.
IP4.3	There must be a formal assessment, carried out by the College or other GOC approved provider, in the form of the Therapeutic Common Final Assessment (TCFA) at the conclusion of the clinical placement.
IP6.1	Optometrists must successfully complete the Common Final Assessment of Competence.
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).

PART 3 – CONDITIONS & RECOMMENDATIONS

3.1 Conditions set at this visit
Conditions are applied to training and assessment providers if there is evidence that the GOC requirements are not met. The unmet requirements for this visit are set out below along with the conditions that are required to meet the requirements.

The panel recommended that no conditions were set at this visit.

3.2 Recommendations offered at this visit
Recommendations indicate enhancements that can be made to a programme but are not directly linked to compliance with GOC requirements. The Panel offers the following recommendations to the provider.

A1.1	A programme's approval status (and any changes) must be clearly and readily communicated to prospective and current students, including a clear explanation for what the status means in terms of entering the GOC register, and (where applicable) this must also be explained to their employer and supervisor.
Recommendation 1	Relevant documentation should be reviewed to ensure it clearly states the approval status of the programme.
Rationale:	During the review of the pre-visit documentation and the programme's information page on the University's website, the panel noted that the website and information did not clearly state the approval status of the programme. This was highlighted to the programme team and the website was changed accordingly by the end of the visit. The panel recommends that the University reviews other documentation to ensure that the programme's approval status is clearly stated.

A2.2 & IP1.7 & IP3.11 & IP 7.3	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. & Providers must ensure that students pass the theory modules and demonstrate that they have the necessary clinical skills before commencing the clinical placement. & 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. **&** Applicants must have identified a mentor prior to commencing the course.
Recommendation 2	The University to provide applicants with additional information to help them identify suitable mentors and placements.
Rationale:	The panel acknowledges that applicants are responsible for identifying mentors. It considers, however, that the University could provide further support to applicants to help them understand the requirements of the clinical placement and identify suitable mentors and provide information which applicants could give to potential mentors to help them understand all the requirements of the clinical placement.

	Feedback from students regarding placements identified concerns about their ability to secure one and about whether those obtained would provide appropriate access the required patient experience.

The panel was informed that, currently, applicants are signposted to the CoO website if they have queries about the mentor and/or placement. Notwithstanding the responsibility of the CoO, the panel considers that the University could assure itself and offer more help to applicants and mentors. The panel considered that the letter of support which mentors provide on applicants' behalf could be developed to:
describe the scope of practice and confirm that the proposed placement will provide the appropriate patient experience.
confirm the mentor's understanding of the need to provide support, including the accommodation of any reasonable adjustments.
confirm that the mentor fully understands the clinical skills test and their role in facilitating it.
This will ensure the proposed placement will provide both the appropriate patient experience and reasonable adjustments if required and will encourage the standardisation of assessment and training and support around the roles and responsibilities of the mentor during placement. |

A4.1
&
A4. 2
&
A4.3 | Providers must ensure students undertaking education, training (including practical experience), assessment for the purposes of becoming an optometrist or dispensing optician or gaining a GOC-registrable specialty are registered with the GOC for the duration of their training.

&

Providers must ensure that no students whose registration has lapsed are allowed to undergo education, training, take any examinations or assessments towards an optical qualification, carry out any restricted functions, or work with the public until they have been restored to the GOC register

&

Providers must take reasonable steps to support students with their GOC registration and assure the GOC of their due diligence in confirming that all of their students are registered. |
| **Recommendation 3** | The University should confirm students are registered with the GOC before the beginning of each module. |
| **Rationale:** | The panel noted that, currently, student registration checks are completed by the Admissions Team as part of the application process. The panel considers student registration should be reviewed before the start of each module as there is scope for registration to lapse during a student's period of enrolment. |

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 University should implement a formal approach for the identification and ongoing support and training for the IP Advisor (IPA) role.
Rationale:	The panel noted the different roles undertaken by the External Examiner and the IPA in relation to the programme. The panel considers that, due to the importance of the role in informing the curricula and assessments, the IPA role needs to be formalised. The University should devise a written job description or specification for the role of the IPA and its relationship with the External Examiner. It should also develop a formal process for the identification and nomination of the IPA, which provides safeguards around expertise and objectivity similar to those provided by the University's process for External Examiners.