De Montfort University
Application for qualification approval: Stage three decision and report
Master of Optometry (MOptom)
DEM-OP1-APP
Report confirmed by General Optical Council (GOC) 16 September 2026

TABLE OF CONTENTS

SECTION ONE – ABOUT THIS DOCUMENT 3

1.1 ABOUT THIS DOCUMENT 3

SECTION TWO – PROVIDER DETAILS 4

2.1 TYPE OF PROVIDER 4

2.2 CENTRE DETAILS 4

2.3 EXTERNAL PARTNERS DELIVERING AND/OR MANAGING AREAS OF THE QUALIFICATION 4

SECTION THREE – QUALIFICATION DETAILS 5

3.1 QUALIFICATION DETAILS 5

SECTION FOUR – SUMMARY OF THE OUTCOMES OF STAGE 3 OF THE APPLICATION PROCESS 6

4.1 QUALITY ASSURANCE ACTIVITY 6

4.2 GOC REVIEW TEAM 6

4.3 SUMMARY OF OUTCOMES OF REVIEW 6

4.4 STANDARDS OVERVIEW 7

SECTION ONE – ABOUT THIS DOCUMENT

1.1 ABOUT THIS DOCUMENT

This report outlines the outcomes of the review of De Montfort University's Master of Optometry (MOptom) (qualification) application against stage 3 of the *Requirements for Approved Qualifications in Optometry and Dispensing Optics* (March 2021).

It includes:

- Feedback against each relevant standard as listed in the merged application form.
- The status of all the standards reviewed as part of the application process for stage 3.
- Any action De Montfort University is required to take.
- Whether the qualification is allowed to pass on to the next stage of the application process or needs to repeat a stage.
- Whether the provider is ready to recruit as an "approved training establishment" to the qualification.

SECTION TWO – PROVIDER DETAILS

2.1 TYPE OF PROVIDER	
Provider *Sole responsibility for the entire route to registration.*	☒
Awarding Organisation (AO) *Sole responsibility for the entire route to registration with centres delivering your qualification(s).*	☐

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.

SECTION THREE – QUALIFICATION DETAILS

3.1 QUALIFICATION DETAILS	
Qualification title	Master of Optometry (MOptom)
Qualification level	Level 7 (Framework for Higher Education Qualifications [FHEQ])
Duration of qualification	48 Months
Number of cohorts per academic year	One
Month(s) of student intake	September
Delivery method(s)	• Full-time • Block Teaching
Alternative exit award(s)	• Certificate Higher Education (60 Credits) • Diploma Optometry Studies (120 credits) • BSc Optometry Studies (240 credits)
Total number of students per cohort	40

SECTION FOUR – SUMMARY OF THE OUTCOMES OF STAGE 3 OF THE APPLICATION PROCESS

4.1 QUALITY ASSURANCE ACTIVITY	
Type of activity	Review of De Montfort University's Master of Optometry (qualification) application against the *Requirements for Approved Qualifications in Optometry and Dispensing Optics* (March 2021).

4.2 GOC REVIEW TEAM	
Education Officer	Georgia Smith – Education Development Officer
Education Manager	Georgina Carter – Education Operations Manager
Head of Education & CPD	Samara Morgan – Head of Education & CPD Steve Brooker – Director of Regulatory Strategy
Decision maker	Leonie Milliner – Chief Executive & Registrar (CE&R)* *Council has delegated stage 3 approval decisions to the CE&R.
Education Visitor Panel (panel) members	• Will Naylor – Lay Chair/Lay Member • Doctor John Deane – Lay Chair/Lay Member • Professor Brendan Barrett – Optometrist member • Pam McClean – Optometrist and Independent Prescribing Optometrist member • Graeme Stevenson – Dispensing Optician and Contact Lens Optician member

4.3 SUMMARY OF OUTCOMES OF REVIEW

Following review of the documentation submitted for stages 1, 2, and 3 of the application, the Chief Executive & Registrar is pleased to grant approval for the following:

- De Montfort University can commence recruiting students to the qualification as an 'approved training establishment'*.

* The approval of a provider as an 'approved training establishment' under section 8A(2) of the Act is for the sole purpose for students **studying** on the qualification **registering with the GOC** as student registrants. It confers no further rights to the provider and must not be portrayed as such.

As a result, De Montfort University:

- Can move to stage 4 of the application process for an approved qualification in accordance with our education and training requirements (requirements) for its Master of Optometry (MOptom) qualification; and
- may begin delivering the MOptom qualification, in line with the *Requirements for Approved Qualifications in Optometry or Dispensing Optics* (March 2021) from September 2026.

Key points to note

- This qualification is not a GOC approved qualification until a decision is made at stage 5 of the application process.
- Students entering the qualification must be made aware that the qualification is not yet a GOC approved qualification until stages 4 and 5 of the GOC's application process are satisfactorily completed.

The qualification has been set **seven** conditions against the following standards:

- S3.8
- S4.8
- S4.9
- S4.13
- S5.1
- S5.2
- S5.4

The qualification has been set **seven** recommendations against the following standards:

- S1.4
- S3.1
- S3.2
- S3.3
- S3.4
- S3.6
- S4.6

Commentary against all the standards reviewed is set out in section 4.4.

The qualification will remain subject to the GOC's quality assurance and enhancement methods (QAEM) on an ongoing basis.

4.4 STANDARDS OVERVIEW

The standards reviewed as part of the application process to seek GOC approval for a qualification (as outlined in the application 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.

Further details on the evidence that the provider was required to complete or submit as part of the Education and Training Requirements (ETR) application process can be found on the Qualifications in Optometry or Dispensing Optics webpage.

Standard no.	S1.1
Standard description	There must be policies and systems in place to ensure students understand and adhere to the GOC's Standards for Optical Students and understand the GOC's Standards of Practice for Optometrists and Dispensing Opticians
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • MOptom Programme Handbook 2026 • Module Specifications • Welcome Week 2026 Proposal The information reviewed evidenced, amongst other elements, that: • Standards of practice have informed qualification design and delivery. • There is a clear onboarding process for students. • There are policies and systems in place to ensure that students understand and adhere to the GOC's Standards for Optical Students.

Standard no.	S1.2
Standard description	Concerns about a student's fitness to train must be investigated through robust, fair proportionate processes and where necessary, action taken and reported to the GOC. (The GOC Acceptance Criteria and the related guidance in annex A should be used as a guide as to how a fitness to train matter should be investigated and when it should be reported.)
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • MOptom Programme Handbook 2026 • Clinical Placement Handbook • Fitness to Practice Procedure The information reviewed evidenced, amongst other elements, that:

	• Fitness to Practise (FtP) concerns will be raised, monitored and escalated where appropriate. • The FtP framework has been aligned to the 'GOC Acceptance Criteria' and the guidance in Annex A (Guidance Note for Addressing Student Fitness to Train Concerns). • It is clear who will be responsible for managing FtP concerns with the GOC.

Standard no.	S1.3
Standard description	Students must not put patients, service-users, the public or colleagues at risk. This means that anyone who teaches, assesses, supervises or employs students must ensure students practise safely and that students only undertake activities within the limits of their competence, and are appropriately supervised when with patients and service-users
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • Clinical Placement Handbook • Fitness to Practice Procedure • Unsafe Practice Guidelines • Optometry Risk Register – February 2026 The information reviewed evidenced, amongst other elements, that: • There are policies in place to mitigate risks concerning harm to patients, service-users, the public or colleagues. • Students will receive immediate and appropriate feedback. • There are policies and processes in place to ensure that anyone who teaches, assesses, supervises or employs students ensures that students practice safely.

Standard no.	S1.4
Standard description	Upon admission (and at regular intervals thereafter) students must be informed it is an offence not to be registered as a student with the GOC at all times whilst studying on a programme leading to an approved qualification in optometry or dispensing optics.
Status	**MET – recommendation.**
Deadline	**Monday 5 October 2026**
Rationale	The information reviewed provided sufficient assurance that this standard is MET.

	Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Clinical Placement Handbook • Fitness to Practice Procedure • MOptom Programme Handbook 2026 • The information provided, and discussions held, as part of the Quality Assurance and Enhancement Method (QAEM) in-person visit to De Montfort University. The information reviewed evidenced, amongst other elements, that: • Upon admission (and at regular intervals thereafter) students are informed it is an offence not to be registered as a student with the GOC at all times whilst studying on a programme leading to an approved qualification in optometry or dispensing optics. 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. To enhance provision, it is recommended that: • The provider ensures that the qualification team and students understand that failure to be registered with the GOC means that any element of the training (whether patient-facing or not) undertaken when not registered cannot be counted towards the award of an approved qualification. Possible types of evidence that could be submitted (but not limited to) are: • Confirmation that the provider understands that a student's failure to register with the GOC means that any element of the training (whether patient-facing or not) cannot be counted towards the achievement of the qualification. • Evidence demonstrating that students understand that failure to register with the GOC means that any element of the training (whether patient-facing or not) undertaken when not registered cannot be counted towards the achievement of the qualification.

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	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Template 3 – Qualification Diagram • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Template 8 – Mapping to Indicative Guidance • MOptom Programme Handbook 2026 • Student Admissions Policy • Offer Letter (Optometry) The information reviewed evidenced, amongst other elements, that: • There are clearly described, suitable and consistently applied admissions criteria. • The International English Language Testing System (IELTS) overall score cannot be lower than level 7.0, with each individual component requiring at least 6.5. • There are Good Health and Good Character declarations required.

Standard no.	S2.2
Standard description	Recruitment, selection and admission processes must be fair, transparent and comply with relevant regulations and legislation (which may differ between England, Scotland, Northern Ireland, Wales and/or non-UK), including equality and diversity legislation
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Template 3 – Qualification Diagram • Template 5 – Module Outcome Map • Template 8 – Mapping to Indicative Guidance • MOptom Programme Handbook 2026 • Student Admissions Policy • Offer Letter (Optometry) • Equality of Opportunity Policy • Welcome Week 2026 Proposal The information reviewed evidenced, amongst other elements, that: • There are clearly described, suitable and consistently applied admissions criteria.

	• Applicants are not treated unfairly or discriminated against on grounds of a protected characteristic or other relevant legislation.

Standard no.	S2.3
Standard description	Selectors (who may include academic and admissions/administrative staff) should be trained to apply selection criteria fairly, including training in equality, diversity and unconscious bias, in line with legislation in place in England, Scotland, Northern Ireland and/or Wales.
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Student Admissions Policy • Equality of Opportunity Policy • Staff Mandatory Training and Induction • The information provided, and discussions held, as part of the QAEM in-person visit to De Montfort University. The information reviewed evidenced, amongst other elements, that: • There is appropriate training for staff to ensure selection criteria is applied fairly. • There are clearly described, suitable and consistently applied recruitment and selection policies.

Standard no.	S2.4
Standard description	Information provided to applicants must be accurate, comply with relevant legislation and include: • the academic and professional entry requirements required for entry to the approved qualification; • a description of the selection process and any costs associated with making the application; • the qualification's approved status; • the total costs/fees that will be incurred; • the curriculum and assessment approach for the qualification; and • the requirement for students to remain registered as a student with the GOC throughout the duration of the programme leading to the award of the approved qualification. If offers are made to applicants below published academic and professional entry requirements, the rationale for making such decisions must be explicit and documented.
Status	**MET – no further action is required at this stage.**

Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • MOptom webpage • Offer Letter (Optometry) • Admissions Policy The information reviewed evidenced, amongst other elements, that: • Students are informed of the anticipated costs, including clinical equipment, placement-related expenses. • There are clear points throughout the qualification when students are informed of their legal obligation to be registered with the GOC. • There are clearly described, suitable and consistently applied admissions criteria.

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	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Guide to the Recognition of Prior Learning (RPL) • The information provided, and discussions held, as part of the QAEM in-person visit to De Montfort University. The information reviewed evidenced, amongst other elements, that: • RPL applications are not accepted on this qualification.

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 – recommendation.**
Deadline	**Monday 5 October 2026**
Rationale	The information reviewed provided sufficient assurance that this standard is MET. Supporting evidence reviewed included but was not limited to: • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Unsafe Practice Guidelines • Programme Specific Regulation (PSR) MOptom • Assessment and Feedback Policy 2025/6 • Academic Appeals against Assessment Board or Research Degree Committee Decisions document • Academic Regulations • Academic Integrity and Misconduct Policy • Academic Appeal form • Module Specifications • The information provided, and discussions held, as part of the QAEM in-person visit to De Montfort University. • The Provider's factual correction response to the stage 3 outcome report, and the additional information provided alongside the factual corrections. • Information provided as part of an additional meeting on 4 August 2026, between the provider and the GOC. The information reviewed evidenced, amongst other elements, that: • There is a clear assessment strategy for the award of an approved 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. To enhance provision, it is recommended that: • Feedback should be sought from a range of stakeholders, including External Examiners and employers, on the proposed assessment modes chosen by the provider to assess each of the outcomes for each year of the qualification, and how the assessment will measure students' achievement of outcomes at the required level (Miller's Pyramid). Specific feedback should be sought on the balance of

	assessment modes between open and closed book assessments in relation to the third year Ocular Disease and Therapeutics module (MOPT3001). Possible types of evidence that could be submitted (but not limited to) are: • Evidence that the provider has consulted and responded to feedback from a range of stakeholders including External Examiners and employers; • Any consequential changes or amendments to the module descriptors regarding choice of assessment modes. This recommendation has also been set against S3.4 & S3.6.

Standard no.	S3.2
Standard description	The approved qualification must be taught and assessed (diagnostically, formatively and summatively) in a progressive and integrated manner. The component parts should be linked into a cohesive programme of academic study, clinical experience and professional practice (for example, Harden's spiral curriculum), introducing, progressing and assessing knowledge, skills and behaviour until the outcomes are achieved.
Status	**MET – recommendation.**
Deadline	**Monday 05 October 2026**
Rationale	The information reviewed provided sufficient assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Academic Regulations • Academic Integrity and Misconduct Policy • Assessment and Feedback Policy 2025/6 • Module Specifications • Annual Enhancement Review (AER) template 2025-26 • Module Enhancement Plan (MEP) template 25/26 • The information provided and discussions held as part of the QAEM in-person visit to De Montfort University. • The Provider's factual correction response to the stage 3 outcome report, and the additional information provided alongside the factual corrections. • Information provided as part of an additional meeting on 4 August 2026, between the provider and the GOC. The information reviewed evidenced, amongst other elements, that:

	• The approved qualification is taught and assessed (diagnostically, formatively and summatively) in a progressive and integrated manner. 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. To enhance provision, it is recommended that: • Feedback should be sought from a range of stakeholders, including External Examiners and employers, on the proposed learning, teaching and assessment materials as they are being developed. This is to ensure the component parts of the qualification are linked into a cohesive programme of academic study. • Learning, teaching and assessment materials for the first block of teaching should be developed and approved. This is to ensure the qualification team are fully prepared at the commencement of the academic year. Possible types of evidence that could be submitted (but not limited to) are: • Confirmation that learning, teaching and assessment materials for the first teaching block have been developed and approved. • Evidence that the provider has consulted and responded to feedback from a range of stakeholders including External Examiners and employers; • Any consequential changes or amendments to the module descriptors, etc.

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 teamwork 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). This experience must increase in volume and complexity as a student progresses through a programme.
Status	**MET – recommendation.**
Deadline	**Monday 16 November 2026**
Rationale	The information reviewed provided sufficient assurance that this standard is MET. Supporting evidence reviewed included but was not limited to: • Template 2 – Criteria Narrative

	• Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Optometry Stakeholder Consultation Summary Report October 2025 • Patient Exposure Plan • Optometry Simulation and Case Bank Toolkit • Patient Exposure Matrix • The information provided, and discussions held, as part of the QAEM in-person visit to De Montfort University. • The Provider's factual correction response to the stage 3 outcome report, and the additional information provided alongside the factual corrections. • Information provided as part of an additional meeting on 4 August 2026, between the provider and the GOC. The information reviewed evidenced, amongst other elements, that: • The clinical placements increase in both length and complexity as students progress through the qualification. • It is clear where the clinical learning in practice elements of the qualification take place. 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. To enhance provision, it is recommended that: • In developing and implementing the proposed IPL and workplace placement strategy and detailed plans, the provider should ensure students are be exposed to a variety and range of patients e.g., children, patients with disabilities, etc. in a variety of settings; and that this experience must increase in volume and complexity as students progress through the qualification. Possible types of evidence that could be submitted (but not limited to) are: • Confirmation of the mix, type, location, duration and suitably of placements for all years of the qualification are in place and are sufficient for the number of students enrolled. • Signed agreements with placement providers for years one to three.

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 – recommendation.**
Deadline	**Monday 05 October 2026**
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Optometry Stakeholder Consultation Summary Report October 2025 • Optometry Application Event Report April 2026 • The information provided, and discussions held, as part of the QAEM in-person visit to De Montfort University. • The Provider's factual correction response to the stage 3 outcome report, and the additional information provided alongside the factual corrections. • Information provided as part of an additional meeting on 4 August 2026, between the provider and the GOC. The information reviewed evidenced, amongst other elements, that: • The provider has incorporated stakeholder feedback into the development of the qualification. • A range of stakeholders are engaged in the qualification's design, delivery, and assessment. To enhance provision, it is recommended that: • Feedback should be sought from a range of stakeholders, including External Examiners and employers, on the proposed assessment modes chosen by the provider to assess each of the outcomes for each year of the qualification, and how the assessment will measure students' achievement of outcomes at the required level (Miller's Pyramid). Specific feedback should be sought on the balance of assessment modes between open and closed book assessments in relation to the third year Ocular Disease and Therapeutics module (MOPT3001). Possible types of evidence that could be submitted (but not limited to) are: • Evidence that the provider has consulted and responded to feedback from a range of stakeholders including External Examiners and employers; • Any consequential changes or amendments to the module descriptors regarding choice of assessment modes. This recommendation has also been set against S3.1 & S3.6.

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	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Programme Specification Regulation Request (PSR) MOptom document • Assessment and Feedback Policy 2025/26 • Module specifications The information reviewed evidenced, amongst other elements, that: • The provider is utilising a range of assessment methods that are suitable to the qualification. • Assessments will measure students' achievement of the outcomes leading to the award of the qualification. • All modules must be passed with no compensation allowed.

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 – recommendation.**
Deadline	**Monday 05 October 2026**
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Optometry Stakeholder Consultation Summary Report October 2025 • Optometry Application Event Report April 2026 • The Provider's factual correction response to the stage 3 outcome report, and the additional information provided alongside the factual corrections.

	• Information provided as part of an additional meeting on 4 August 2026, between the provider and the GOC. The information reviewed evidenced, amongst other elements, that: • The provider has incorporated stakeholder feedback into the development of the qualification. • A range of stakeholders are engaged in the qualification's design, delivery, and assessment. To enhance provision, it is recommended that: • Feedback should be sought from a range of stakeholders, including External Examiners and employers, on the proposed assessment modes chosen by the provider to assess each of the outcomes for each year of the qualification, and how the assessment will measure students' achievement of outcomes at the required level (Miller's Pyramid). Specific feedback should be sought on the balance of assessment modes between open and closed book assessments in relation to the third year Ocular Disease and Therapeutics module (MOPT3001). Possible types of evidence that could be submitted (but not limited to) are: • Evidence that the provider has consulted and responded to feedback from a range of stakeholders including External Examiners and employers; • Any consequential changes or amendments to the module descriptors regarding choice of assessment modes. This recommendation has also been set against S3.1 & S3.4.

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 – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included but was not limited to: • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map

	• Module Specifications • The information provided, and discussions held, as part of the QAEM in-person visit to De Montfort University. • The Provider's factual correction response to the stage 3 outcome report, and the additional information provided alongside the factual corrections. • Information provided as part of an additional meeting on 4 August 2026, between the provider and the GOC. The information reviewed evidenced, amongst other elements, that: • Assessment (including lowest pass) criteria is explicit and set at the right standard, using an appropriate and tested standard-setting process.

Standard no.	S3.8
Standard description	Assessments must appropriately balance validity, reliability, robustness, fairness and transparency, ensure equity of treatment for students, reflect best practice and be routinely monitored, developed and quality controlled. 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 05 October 2026**
Rationale	The evidence provided the necessary assurance, apart from arrangements in relation to the appointment of an appropriately qualified external examiner, and therefore this standard is NOT MET. Supporting evidence reviewed included but was not limited to: • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Module Specifications • Academic Regulations • Academic Integrity and Misconduct Policy • The information provided, and discussions held, as part of the QAEM in-person visit to De Montfort University. • The provider's factual correction response to the stage 3 outcome report, and the additional information provided alongside the factual corrections. • Information provided as part of an additional meeting on 4 August 2026, between the provider and the GOC, which confirmed that the provider was in the process of selecting and appointing an additional external examiner, who will be an optometrist.

	The evidence did not provide the necessary assurance that this standard is met. There was insufficient evidence in the following areas: • The selection and appointment of an appropriately qualified external examiner. **Condition (S3.8)** An additional external examiner, who must be an optometrist, must be appointed by 5 Oct 2026. This is to provide appropriate quality assurance of assessments and support for the course team in relation to responding to the recommendations made in this report relation to Standards S3.1, S3,4 and S3.6. Possible areas of evidence that can be submitted, are (this list is non-exhaustive): • Confirmation that an external examiner, who must be an optometrist, has been appointed by 5 Oct 2026. • If an external examiner, who must be an optometrist, is not appointed by 5 Oct 2026, confirmation of plans to ensure an appointment is made as soon as practical and assurance about mitigations in the interim to provide appropriate professional support for the qualification team.

Standard no.	S3.9
Standard description	Appropriate reasonable adjustments must be put in place to ensure that students with a disability are not disadvantaged in engaging with the learning and teaching process and in demonstrating their achievement of the outcomes.
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Template 8 – Mapping to Indicative Guidance • Student Disability Policy • Wellbeing Support document The information reviewed evidenced, amongst other elements, that: • There are clearly described, suitable and consistently applied policies and systems in place. • Adjustments available will meet students' specific learning and personal needs to help meet the outcomes.

Standard no.	S3.10
Standard description	Summative assessments directly related to the outcomes demonstrating unsafe practice must result in failure of the assessment.
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Template 8 – Mapping to Indicative Guidance • Fitness to Practise Procedure • Unsafe Practice Guidelines • Assessment and Feedback Policy 2025/26 The information reviewed evidenced, amongst other elements, that: • Unsafe practice cannot be compensated or mitigated. • Assessment demonstrating unsafe practice results in failure of the assessment. • There are appropriate guidelines and procedures in place to manage unsafe practice.

Standard no.	S3.11
Standard description	There must be policies and systems in place to plan, monitor and record each student's achievement of outcomes leading to awards of the approved qualification.
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Template 3 – Qualification Diagram • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Programme Handbook 2026 • Fitness to Practise Procedure • Module Specifications • Annual Enhancement Review (AER) • The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University.

	The information reviewed evidenced, amongst other elements, that: • There are policies and systems in place to plan, monitor and record each student's achievement of outcomes leading to awards of the approved qualification.

Standard no.	S3.12
Standard description	The approved qualification must be listed on one of the national frameworks for higher education qualifications for UK degree awarding bodies (The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (FHEQ) and the Framework for Qualifications of Higher Education Institutions in Scotland (FQHEIS)), or be a qualification regulated by Ofqual, SQA or Qualifications Wales. Approved qualifications in optometry must be at a minimum RQF, FHEQ or Credit and Qualifications Framework Wales (CQFW) level 7 or Scottish Credit and Qualifications Framework (SCQF) / FQHEIS level 11. Approved qualifications in dispensing optics must be at a minimum RQF, FHEQ or CQFW level 6 or SCQF/FQHEIS level 9 or 10.
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Programme Specific Regulation (PSR) MOptom • Programme Outcomes Mapped against QAA Benchmark Areas and GOC Domains document. • Programme Specification MOptom The information reviewed evidenced, amongst other elements, that: • The qualification is listed on the appropriate national framework.

Standard no.	S3.13
Standard description	The outcomes must be delivered and assessed in an environment that places study in an academic, clinical and professional context which is informed by research and provides opportunities for students to develop as learners and future professionals.
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to:

	• Template 2 – Criteria Narrative The information reviewed evidenced, amongst other elements, that: • It is clear how outcomes will be delivered and assessed in academic, clinical and professional contexts providing opportunities for students to develop as future professionals.

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	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Programme Handbook 2026 • Module Specifications • The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University. The information reviewed evidenced, amongst other elements, that: • There is a good range of teaching and learning methods utilised to deliver the qualification.

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	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included but was not limited to: • Template 2 – Criteria Narrative • Template 3 – Qualification Diagram • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Template 8 – Mapping to Indicative Guidance

	• Programme Handbook 2026 • Module Specification • Signed copy of the partnership agreement between De Montfort University and the CoO. The information reviewed evidenced, amongst other elements, that: • In meeting the outcomes, the approved qualification integrates at least 1600 hours / 48 weeks of patient-facing learning and experience in practice.

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.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Template 3 – Qualification Diagram • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • Template 8 – Mapping to Indicative Guidance • Programme Handbook 2026 • Module Specifications • The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University. The information reviewed evidenced, amongst other elements, that: • There are policies and systems in place to plan, monitor and record each student's achievement of outcomes leading to awards of the approved qualification. • The principles of Miller's pyramid have been incorporated within the qualification. • The qualification has a clear assessment strategy.

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	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Optometry Stakeholder Consultation Summary Report October 2025. • Chapter 7 Student complaints procedure 2024-2025 webpage. • The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University. The information reviewed evidenced, amongst other elements, that: • The provider has incorporated stakeholder feedback into the development of the qualification. • A range of stakeholders are engaged in the qualification's design, delivery, and assessment.

Standard no.	S3.18
Standard description	Assessment (if undertaken) of outcomes during learning and experience in practice must be carried out by an appropriately trained and qualified GOC registrant or other statutorily registered healthcare professional who is competent to measure students' achievement of outcomes at the required level (Miller's Pyramid).
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Template 4 – Assessment Strategy • Template 5 – Module Outcome Map • The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University. The information reviewed evidenced, amongst other elements, that: • There are policies and systems in place to plan, monitor and record each student's achievement of outcomes leading to awards of the approved qualification. • Assessment of outcomes is carried out by appropriately trained and qualified GOC registrants. • Learning outcomes will not be signed off in practice.

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 – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Enhancement Review (AER) template 2025-26 • AER Guide 2025-26 • The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University. The information reviewed evidenced, amongst other elements, that: • The provider clearly demonstrates how it collects, analyses and utilises EDI data.

Standard no.	S3.20
Standard description	Students must have regular and timely feedback to improve their performance, including feedback on their performance in assessments and in periods of learning in practice.
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Assessment and Feedback Policy 2025/26 The information reviewed evidenced, amongst other elements, that: • There are a variety of feedback methods for both formative and summative assessments. • It is clear that students receive timely feedback.

Standard no.	S3.21

Standard description	If a student studies abroad for parts of the approved qualification, any outcomes studied and/or assessed abroad must be met in accordance with these standards.
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Template 3 – Qualification Diagram • Template 4 - Assessment Strategy • Template 5 – Module Outcome Map The information reviewed evidenced, amongst other elements, that: • Studying abroad options are supplementary experiences and will therefore not contribute to the achievement or assessment of outcomes.

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	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative The information reviewed evidenced, amongst other elements, that: • The provider is legally incorporated. • The provider has statutory authority to deliver higher education programmes. Though not a formal request, we do ask that the provider confirms once the ordinances framework has been updated.

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	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative The information reviewed evidenced, amongst other elements, that: • The provider is legally incorporated. • The provider has statutory authority to deliver higher education programmes. Though not a formal request, we do ask that the provider confirms once the ordinances framework has been updated.

Standard no.	S4.3
Standard description	There must be a clear management plan in place for the award of the approved qualification and its development, delivery, management, quality control and evaluation.
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Optometry Risk Register February 2026 The information reviewed evidenced, amongst other elements, that: • There are clear lines of accountability, including the roles and responsibilities of the committees/boards. • The management plan includes consideration of key issues and risks related to the qualification, including processes on how to mitigate or control risks as appropriate. • There is a clear process for reviewing and managing the risk register.

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 – no further action is required at this stage.**
Deadline	Not applicable

Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2- Criteria Narrative The information reviewed evidenced, amongst other elements, that: • The provider of the approved qualification is a single organisation and has ownership of the award of the approved organisation. • The provider has clear corporate form and governance arrangements.

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	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative The information reviewed evidenced, amongst other elements, that: • The provider has clearly stated the named individual who will be the primary point of contact for the GOC, including the individual's role and responsibilities.

Standard no.	S4.6
Standard description	There must be agreements in place between the different organisations/people (if any) that contribute to the delivery and assessment of the outcomes, including during periods of learning in practice. Agreements must define the role and responsibility of each organisation/person, be regularly reviewed and supported by management plans, systems and policies that ensure the delivery and assessment of the outcomes meet these standards.
Status	**MET – recommendation.**
Deadline	**Monday 16 November 2026**
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included but was not limited to: • Template 2 – Criteria Narrative • Block Module Feedback Survey – Questionnaire • HLS Student Voice Process 252

	• SV Log Template • Signed contract with the CoO • The Provider's factual correction response to the stage 3 outcome report, and the additional information provided alongside the factual corrections. • Information provided as part of an additional meeting on 4 August 2026, between the provider and the GOC. The information reviewed evidenced, amongst other elements, that: • Whilst there was sufficient evidence of appropriate volume of placement providers and mix of placement arrangements for years one to three of the qualification, the provider should translate its action plans into detailed, confirmed arrangements, including signed agreements with placement providers for years one to three. To enhance provision, it is recommended that: • In developing and implementing the proposed workplace placement strategy and detailed plans, the provider should ensure students are be exposed to a variety and range of patients e.g., children, patients with disabilities, etc. in a variety of settings; and that this experience must increase in volume and complexity as a student progresses through the qualification. Possible types of evidence that could be submitted (but not limited to) are: • Confirmation of the mix, type, location, duration and suitably of placements for all years of the qualification are in place and are sufficient for the number of students enrolled. • Signed agreements with placement providers for years one to three.

Standard no.	S4.7
Standard description	The approved qualification must be systematically reviewed, monitored and evaluated using the best available evidence, including feedback from stakeholders, and action taken to address any concerns identified. Evidence should demonstrate that as a minimum there are: • feedback systems for students and placement providers; • structured systems for quality review and evaluation; • student consultative mechanisms; • input and feedback from external stakeholders (public, patients, employers, commissioners, students and former students, third sector bodies, etc.); and • evaluation of business intelligence including the National Student Survey (NSS), progression and attainment data. To ensure that:

	• provision is relevant and current, and changes are made promptly to teaching materials and assessment items to reflect significant changes in practice and/or research; • the quality of teaching, learning support and assessment is appropriate; and the quality of placements, learning in practice, inter-professional and work-based learning, including supervision, is appropriate.
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Block Module Feedback Survey – Questionnaire • HLS Student Voice Process 2526 • SV Log Template • The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University. The information reviewed evidenced, amongst other elements, that: • The qualification incorporated appropriate stakeholder feedback. • The qualification will continue to incorporate appropriate stakeholder feedback. This is particularly important in relation to the action the provider might take implementing the recommendations for Standards S3.1, S3.4 S3.6 and 3.17, which will also enhance provision in relation to this standard.

Standard no.	S4.8
Standard description	There must be policies and systems in place for: • the selection, appointment, support and training of external examiner(s) and/or internal and external moderator(s)/verifiers; and • reporting back on actions taken to external examiners and/or internal and external moderators/verifiers.
Status	**NOT MET – condition.**
Deadline	**Monday 05 October 2026**
Rationale	The evidence provided the necessary assurance, apart from arrangements in relation to the appointment of an appropriately qualified external examiner, and therefore this standard is NOT MET. Supporting evidence reviewed included but was not limited to: • Template 2 – Criteria Narrative • Guide to External Examining at DMU • External Examiner (EE) Role Descriptor • EE appointment confirmation

	• The Provider's factual correction response to the stage 3 outcome report, and the additional information provided alongside. • Information provided as part of an additional meeting on 4 August 2026, between the provider and the GOC, which confirmed that the provider was in the process of selecting and appointing an additional external examiner, who will be an optometrist. The evidence did not provide the necessary assurance that this standard is met. There was insufficient evidence in the following areas: • The selection and appointment of an appropriately qualified external examiner. **Condition (S4.8)** An additional external examiner, who must be an optometrist, must be appointed by 5 Oct 2026. This is to provide appropriate quality assurance of assessments and support for the course team in relation to responding to the recommendations made in this report relation to Standards S3.1, S3,4 and S3.6. Possible areas of evidence that can be submitted, are (this list is non-exhaustive): • Confirmation that an external examiner, who must be an optometrist, has been appointed by 5 Oct 2026. • If an external examiner, who must be an optometrist, is not appointed by 5 Oct 2026, confirmation of plans to ensure an appointment is made as soon as practical and assurance about mitigations in the interim to provide appropriate professional support for the qualification team.

Standard no.	S4.9
Standard description	There must be policies and systems in place to ensure the supervision of students during periods of learning and experience in practice safeguards patients and service-users and is not adversely affected by commercial pressures.
Status	**NOT MET – condition.**
Deadline	**Monday 05 October 2026**
Rationale	The evidence did not provide the necessary assurance and therefore this standard is NOT MET. Supporting evidence reviewed included but was not limited to: • Template 2 – Criteria Narrative • Non-Boots Opticians Team Member Guidance • DMU Safeguarding Policy • Optometry Risk Register February 202 • Code of Conduct webpage • Draft placement agreements

	• The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University. The evidence did not provide the necessary assurance that this standard is met. There was insufficient evidence in the following areas: • Consideration of how commercial conflicts of interest/pressures are managed. **Condition (S4.9)** The provider must put in place policies and systems to ensure students' learning during periods of learning and experience in practice is not adversely affected by commercial pressures Possible areas of evidence that can be submitted, are (this list is non-exhaustive): • Confirmation that the provider has appropriate policies and systems in place to ensure that students' learning during periods of learning and experience in practice is not adversely affected by commercial pressures • Rationale for why the provider's risk register does not include the identification of commercial pressures, during students' periods of learning and experience in practice. • How commercial pressures during students' periods of learning and experience in practice are managed e.g., through a commercial conflict of interest policy. This condition has also been set against S4.13.

Standard no.	S4.10
Standard description	There must be policies and systems in place for the identification, support and training for all who carry responsibility for supervising students. The provider responsible for the award of the approved qualification must know how and by whom a student is being supervised during periods of learning in practice.
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included but was not limited to: • Template 2 – Criteria Narrative • DMU Academic Tutoring Policy • Draft placement agreement • The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University. The information reviewed evidenced, amongst other elements, that:

	• There are policies and systems in place for the identification, support and training for all who carry responsibility for supervising students.

Standard no.	S4.11
Standard description	Students, and anyone who teaches, assesses, supervises, employs or works with students, must be able to provide feedback and raise concerns. Responses and action taken to feedback and concerns raised must be evidenced.
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Chapter 7 Student complaints procedure 2024-2025 webpage. • The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University. The information reviewed evidenced, amongst other elements, that: • The provider has clear mechanisms in place for providing feedback and raising concerns.

Standard no.	S4.12
Standard description	Complaints must be considered in accordance with good practice advice on handling complaints issued by the Office for the Independent Adjudicator for Higher Education in England and Wales (or equivalent).
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • Student Complaints webpage • Chapter 7 Student complaints procedure 2024-2025 webpage. The information reviewed evidenced, amongst other elements, that: • There are clearly described, suitable and consistently applied policies and systems for considering complaints in a timely and transparent way. • There is a clear logging and tracking system utilised by university staff.

	• It is clear when and how students are informed of the complaint's procedure.

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 05 October 2026**
Rationale	The evidence did not provide the necessary assurance and therefore this standard is NOT MET. Supporting evidence reviewed included but was not limited to: • Template 2 – Criteria Narrative • Optometry Risk Register February 2026 • Code of Conduct webpage • The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University. The evidence did not provide the necessary assurance that this standard is met. There was insufficient evidence in the following areas: • Consideration of how commercial conflicts of interest/pressures are managed. **Condition (S4.9)** The provider must put in place policies and systems to ensure students' learning during periods of learning and experience in practice is not adversely affected by commercial pressures. Possible areas of evidence that can be submitted, are (this list is non-exhaustive): • Confirmation that the provider has appropriate policies and systems in place to ensure that students' learning during periods of learning and experience in practice is not adversely affected by commercial pressures • Rationale for why the provider's risk register does not include the identification of commercial pressures, during students' periods of learning and experience in practice. • How commercial pressures during students' periods of learning and experience in practice are managed e.g., through a commercial conflict of interest policy. This condition has also been set against S4.9.

Standard no.	S4.14
Standard description	There must be systems and policies in place to ensure that the GOC is notified of any major events and/or changes to the delivery of the approved qualification, assessment and quality control, its organisation, resourcing and constitution, including responses to relevant regulatory body reviews.
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • GOC Programme Changes Reporting document The information reviewed evidenced, amongst other elements, that: • The provider is aware that changes need to be reported to the GOC, including identifying the event, compiling supporting evidence and communicating the change to the GOC. It also appears there is a clear internal audit trail for recording and documenting any changes. • There are process steps for the management of GOC notifications that are clearly described and will be consistently applied.

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	**NOT MET – condition.**
Deadline	**Monday 05 October 2026**
Rationale	The evidence provided the necessary assurance, apart from arrangements in relation to the appointment of an appropriately qualified additional member of staff, and completion and fit out of built facilities. Therefore, this standard is NOT MET. Supporting evidence reviewed included but was not limited to: • Template 2 – Criteria Narrative • Optometry Risk Register February 2026 • Optometry Space and Equipment Plan • Clinic Equipment List • MOptometry Business Case Template • The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University.

	• The Provider's factual correction response to the stage 3 outcome report, and the additional information provided alongside the factual corrections. • Information provided as part of an additional meeting on 4 August 2026 confirmed that the provider was confident the process of selecting and appointing an additional member of staff (0.6FTE), who will be an optometrist, will be complete by 05 October 2026. The provider also described its contingency plans for managing absence (short or long term) and/or gaps in staffing, which included block teaching to mitigate any risks, and utilising funding for temporary staff held at university level. At the meeting the provider also confirmed that it was confident that the completion and fit out of built facilities (including installation of all required equipment) will be complete by 05 October 2026. The provider further described its contingency plans, which included utilisation of space elsewhere on campus on a temporary basis, if the fit out was not completed on time. The evidence did not provide the necessary assurance that this standard is met in the following areas: • The confirmed appointment of the additional member of staff (0.6FTE) required for delivery of year one of the qualification, noting that the original approved business case at Stage 2 had included a 1FTE post at year one, and a consequentially improved SSR. • Completion of the clinical fit-out and installation of all required equipment by 05 October 2026. **Condition (Standard S5.1)** The provider will inform the GOC if the additional member of staff (0.6FTE) and/or the fit out of built facilities (including installation of all required equipment) are not in place by 05 October 2026, and if not in place by 05 October 2026, confirmation of plans to ensure both are in place as soon as practical and assurance about mitigations in the interim to provide appropriate resource for the course team. Possible areas of evidence that can be submitted, are (this list is non-exhaustive): • Confirmation that the additional member of staff (0.6FTE) and the fit out of built facilities (including installation of all required equipment), are in place by 05 October 2026. • If the additional member of staff (0.6FTE) and/or fit out of built facilities (including installation of all required equipment) are not in place by 05 October 2026, confirmation of plans to ensure both are in place as soon as practical and assurance about mitigations in the interim to provide appropriate resource for the course team.

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: • 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 05 October 2026**
Rationale	The evidence provided the necessary assurance, apart from arrangements in relation to the appointment of an appropriately qualified additional member of staff to ensure sufficient staff (bullet point 2) an appropriate student:staff ratio (SSR) (bullet point 4) for delivery of year one of the qualification. Therefore, this standard is NOT MET. Supporting evidence reviewed included but was not limited to: • Template 2 – Criteria Narrative • MOptometry Business Case Template • The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University. • The Provider's factual correction response to the stage 3 outcome report, and the additional information provided alongside the factual corrections. • Information provided about the visiting lecturers. • Information provided as part of an additional meeting on 4 August 2026 confirmed that the provider was confident the process of selecting and appointing an additional member of staff (0.6FTE), who will be an optometrist, will be complete by 05 October 2026. The provider also described its contingency plans for managing absence (short or long term) and/or gaps in staffing, which included block teaching to mitigate any risks, and utilising funding for temporary staff held at university level. The evidence did not provide the necessary assurance that this standard is met in the following area: • The confirmed appointment of the additional member of staff (0.6FTE) required for delivery of year one of the qualification, noting

	that the original approved business case at Stage 2 had included a 1FTE post at year one, and a consequentially improved SSR. **Condition (Standard S5.2)** The provider will inform the GOC if the planned additional member of staff (0.6FTE) is not in place by 05 October 2026, and if not in place by 05 October 2026, confirmation of the provider's plans to ensure the post is filled as soon as practical and assurance about mitigations in the interim to provide appropriate resource for the course team. Possible areas of evidence that can be submitted, are (this list is non-exhaustive): • Confirmation that the additional member of staff (0.6FTE) is in place by 05 October 2026.If the additional member of staff (0.6FTE) is not in place by 05 October 2026, confirmation of the provider's plans to ensure the post is filled as soon as practical and assurance about mitigations in the interim to provide appropriate resource for the course team. • Confirmation, as part of the stage 4a, 4b and 4c, of appointments/ human resourcing made by the provider in good time to match the business case submitted at Stage 3. The Chief Executive and Registrar in making her decision to approve the provider as an 'approved training establishment' noted the provider's proposed staffing plans and SSR included in the Stage 3 application for delivery of the remainder of qualification up to and including year 4. The provider's compliance with these confirmed plans will be monitored at stage 4a, 4b, 4c, and 4d.

Standard no.	S5.3
Standard description	Staff who teach and/or assess the outcomes must be appropriately qualified and supported to develop in their professional, clinical, supervisory, academic/teaching and/or research roles. These must include: • opportunities for continuing professional development (CPD), including personal, academic and profession-specific development; • effective induction, supervision, peer support, and mentoring; • realistic workloads for anyone who teaches, assesses or supervises students; • for teaching staff, the opportunity to gain teaching qualifications; and • effective appraisal, performance review and career development support.
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable

Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • DMU Academic Workload Guidance • My Progress Appraisal Guide • Timeline for tasks for the programme • The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University. The information reviewed evidenced, amongst other elements, that: • There are clear examples of the workload management and the appraisal system(s). • There is career development (CPD) available for staff members. • Staff who teach and/or assess the outcomes are appropriately qualified and supported to develop in their professional, clinical, supervisory, academic/teaching and/or research roles.

Standard no.	S5.4
Standard description	There must be sufficient and appropriate learning facilities to deliver and assess the outcomes. These must include: • sufficient and appropriate library and other information and IT resources; • access to specialist resources, including textbooks, journals, internet and web-based materials; • specialist teaching, learning and clinical facilities to enable the delivery and assessment of the outcomes; and enrichment activities, which may include non-compulsory, non-assessed elements.
Status	**NOT MET – condition.**
Deadline	**Monday 05 October 2026**
Rationale	The evidence provided the necessary assurance, apart from arrangements in relation to the completion and fit out of built facilities. Therefore, this standard is NOT MET. Supporting evidence reviewed included but was not limited to: • Template 2 – Criteria Narrative • Optometry Risk Register February 2026 • Optometry Space and Equipment Plan • Clinic Equipment List • MOptometry Business Case Template • The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University. • The Provider's factual correction response to the stage 3 outcome report, and the additional information provided alongside the factual corrections.

	• At the meeting on 4 August 2025 the provider confirmed that it was confident that the completion and fit out of built facilities (including installation of all required equipment) will be complete by 05 October 2026. The provider further described its contingency plans, which included utilisation of space elsewhere on campus on a temporary basis, if the fit out was not completed on time The evidence did not provide the necessary assurance that this standard is met. There was insufficient evidence in the following areas: • Appropriate clinical space for delivery of the qualification. • Appropriate equipment is in place for delivery of year one of the qualification. **Condition (Standard S5.4)** The provider will inform the GOC if the fit out of built facilities (including installation of all required equipment) are not in place by 05 October 2026, and if not in place by 05 October 2026, confirmation of plans to ensure built facilities (including installation of all required equipment) as practical and assurance about mitigations in the interim to provide appropriate resource for the course team. Possible areas of evidence that can be submitted, are (this list is non-exhaustive): areas: • Confirmation that the fit out of built facilities (including installation of all required equipment), is in place by 05 October 2026. • If the fit out of built facilities (including installation of all required equipment) is not in place by 05 October 2026, confirmation of plans to ensure both are in place as soon as practical and assurance about mitigations in the interim to provide appropriate resource for the course team.

Standard no.	S5.5
Standard description	Students must have effective support for health, wellbeing, conduct, academic, professional and clinical issues.
Status	**MET – no further action is required at this stage.**
Deadline	Not applicable
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to: • Template 2 – Criteria Narrative • DMU Academic Tutoring Policy 2025 • 2020 Fitness to Practice Procedure • The information provided, and discussions held, as part of QAEM in-person visit to De Montfort University.

	The information reviewed evidenced, amongst other elements, that: • The provider has effective support mechanisms in place for its students that cover health, wellbeing, conduct, academic, professional and clinical issues.