

University of Central Lancashire
Report of the outcomes of the adaptation to the GOC education & training requirements
BSc (Hons) Ophthalmic Dispensing (Accelerated)
CLN-DO1-ETR
Report confirmed by GOC 25 October 2024

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SECTION ONE – ABOUT THIS DOCUMENT

1.1 ABOUT THIS DOCUMENT

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

It includes:

- Feedback against each relevant standard (as listed in Form 2a).
- The status of all the standards reviewed as part of the adaptation/application process (which includes the formal response process).
- Any action the University of Central Lancashire is required to take.

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SECTION TWO – PROVIDER DETAILS

2.1 TYPE OF PROVIDER	
Provider <i>Sole responsibility for the entire route to registration</i>	<input checked="" type="checkbox"/>
Awarding Organisation (AO) <i>Sole responsibility for the entire route to registration with centres delivering your qualification(s)</i>	<input type="checkbox"/>

2.2 CENTRE DETAILS	
Centre name(s)	Not applicable.

2.3 EXTERNAL PARTNERS DELIVERING AND/OR MANAGING AREAS OF THE QUALIFICATION
Not applicable.

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SECTION THREE – QUALIFICATION DETAILS

3.1 QUALIFICATION DETAILS	
Qualification title	BSc (Hons) Ophthalmic Dispensing (Accelerated)
Qualification level	6
Duration of qualification	24 months
Number of cohorts per academic year	1
Month(s) of student intake	September
Delivery method(s)	Blended learning format: <ul style="list-style-type: none"> • Weekly online learning materials. • A campus-based week for clinical and practical skills teaching and assessments is held every seven weeks.
Alternative exit award(s)	<ul style="list-style-type: none"> • Certificate of Higher Education – requires 120 credits at Level 4 or above. • Diploma of Higher Education – requires 240 credits including a minimum of 100 at Level 5 or above.
Total number of students per cohort	40

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SECTION FOUR – SUMMARY OF THE OUTCOMES OF THE ADAPTATION PROCESS

4.1 QUALITY ASSURANCE ACTIVITY	
Type of activity	Review of the University of Central Lancashire’s (university) adapted BSc (Hons) Ophthalmic Dispensing (Accelerated) qualification (qualification) against the <i>Requirements for Approved Qualifications in Optometry and Dispensing Optics</i> (March 2021).

4.2 GOC REVIEW TEAM	
Officer	<ul style="list-style-type: none"> Georgina Carter – Education Operations Officer Ella Pobee – Education Development Officer
Manager	Lisa Venables – Education Development Manager
Decision maker	Samara Morgan – Head of Education & CPD Development.
Education Visitor Panel (panel) members	<ul style="list-style-type: none"> Carl Stychin – Lay Chair Rebekah Stevens – Optometrist member Graeme Stevenson – Dispensing Optician & Contact Lens Optician member Mark Chatham – Dispensing Optician & Contact Lens Optician member

4.3 SUMMARY OF CONDITIONS & RECOMMENDATIONS
The qualification has been set 5 conditions against the following standards: <ul style="list-style-type: none"> S3.3 S3.4 S3.17 S3.19 S5.1
The qualification has been set no recommendations.
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
<p>The standards reviewed as part of the adaptation process for approved qualifications (as outlined in Form 2a or in the Adaptation Form ADP-FRM*) are listed below along with the outcomes, statuses, actions, and any relevant deadlines. Actions may include the following:</p> <ul style="list-style-type: none"> A condition is set when the information submitted did not provide the necessary evidence and assurance that a standard is met; further action is required. A recommendation is set when the information submitted currently provides the necessary evidence and assurance that a standard is met. However, the GOC has 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.

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- **No further action** is required – the information submitted provides the necessary assurance that a standard is met.

*The following standards listed were **not** reviewed as part of the adaptation process but are monitored as part of the GOC’s Quality Assurance and Enhancement Methods (QAEM):

- Standard one - public and patient safety S1.1, S1.2, S1.3, S1.4
- Standard two - admissions of students S2.2, S2.3, S2.4
- Standard three - assessment of outcomes and curriculum design S3.2, S3.8, S3.9, S3.10, S3.11, S3.12, S3.13, S3.20, S3.21
- Standard four - management, monitoring and review of approved qualifications S4.6, S4.7, S4.8, S4.9, S4.10, S4.11, S4.12
- Standard five: leadership, resources and capacity S5.3, S5.4, S5.5

Further details on the evidence that the provider was required to complete or submit as part of the education and training requirements (ETR) adaptation process can be found here (delete as necessary) <https://optical.org/en/publications/qualifications-in-optometry-or-dispensing-optics/>

Standard no.	S2.1
Standard description	Selection and admission criteria must be appropriate for entry to an approved qualification leading to registration as an optometrist or dispensing optician, including relevant health, character, and fitness to train checks. For overseas students, this should include evidence of proficiency in the English language of at least level 7 overall (with no individual section lower than 6.5) on the International English Language Testing System (IELTS) scale or equivalent.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed ‘Template 2 - criteria narrative’. • The university’s optometry specific webpage. • The university’s academic regulations. • The university’s admission policy. <p>The information reviewed evidenced, amongst other elements, that the university:</p> <ul style="list-style-type: none"> • Has appropriate, clear and comprehensive entry and IELTS requirements. • Has an appropriate admissions process.

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

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	other than the start of a programme have the potential to meet the outcomes for award of the approved qualification. Prior learning must be recognised in accordance with guidance issued by the Quality Assurance Agency (QAA) and/or Office of Qualifications and Examinations Regulation (Ofqual)/Scottish Qualifications Authority (SQA)/Qualifications Wales/Department for the Economy in Northern Ireland and must not exempt students from summative assessments leading to the award of the approved qualification, unless achievement of prior learning can be evidenced as equivalent.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • The university's academic regulations. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The university has an appropriate accreditation of prior learning policy and an appropriate process for implementing it.

Standard no.	S3.1
Standard description	There must be a clear assessment strategy for the award of an approved qualification. The strategy must describe how the outcomes will be assessed, how assessment will measure students' achievement of outcomes at the required level (Miller's Pyramid) and how this leads to an award of an approved qualification.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • A document that mapped teaching and assessment to the learning outcomes. • Qualification and module descriptors. <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That the university has a comprehensive and clear assessment strategy. • How the assessments lead to the awarding of the approved qualification.

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Standard no.	S3.3
Standard description	The approved qualification must provide experience of working with: patients (such as patients with disabilities, children, their carers, etc); inter-professional learning (IPL); and team work and preparation for entry into the workplace in a variety of settings (real and simulated) such as clinical practice, community, manufacturing, research, domiciliary and hospital settings (for example, Harden's ladder of integration ¹⁰). This experience must increase in volume and complexity as a student progresses through a programme.
Status	NOT MET – condition.
Deadline	Monday 6 January 2025
Rationale	<p>The evidence did not provide the necessary assurance and therefore this standard is NOT MET.</p> <p>Supporting evidence reviewed included but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map' • Qualification and module descriptors. • Narrative provided in support of a further information request. • Narrative provided in support of the formal response process. <p>The GOC acknowledges that the university has provided an explanation of how the qualification increases in volume and complexity. In addition, it is acknowledged that the university has also provided an explanation of the types of eye care professionals that students will have access to. However, the evidence did not provide the necessary assurance that this standard is met. There was insufficient evidence in the following areas:</p> <ul style="list-style-type: none"> • Patient experience. • IPL learning and team working. <p>Possible types of evidence that can be submitted (but not limited to) are evidence that shows:</p> <ul style="list-style-type: none"> • The patient experience students will gain throughout the qualification and where within the qualification this will take place – identifying clearly how the patient experience will increase in volume and complexity as students progress through the qualification. • IPL and team working, including with non-optical professions, and where within the qualification these take place.

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,

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	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	NOT MET – condition.
Deadline	Monday 6 January 2025
Rationale	<p>The evidence did not provide the necessary assurance and therefore this standard is NOT MET.</p> <p>Supporting evidence reviewed included but was not limited to:</p> <ul style="list-style-type: none"> • A completed ‘Template 2 - criteria narrative’. • Narrative provided in support of a further information request. • Narrative provided in support of the formal response process. <p>The GOC acknowledges that the university is able to list the stakeholders it has established relationships with. However, the evidence did not provide the necessary assurance that this standard is met. There was insufficient evidence in the following areas:</p> <ul style="list-style-type: none"> • Tangible examples of the outcomes of stakeholder engagement and how these have been considered in the design and construction of the qualification. • How the tools used to gather stakeholder feedback include specific questions regarding their views about the design and construction of the qualification <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • Evidence that shows whether you have, or will in the future, conduct consultations with patients and the public. • Evidence that explains and shows how stakeholder feedback has, or will, be considered in the design and construction of the qualification. <p>Also see S3.17</p>

Standard no.	S3.5
Standard description	The outcomes must be assessed using a range of methods and all final, summative assessments must be passed. This means that compensation, trailing and extended re-sit opportunities within and between modules where outcomes are assessed is not permitted.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed ‘Template 2 - criteria narrative’. • A completed ‘Template 4 – assessment strategy’. • A completed ‘Template 5 – module outcome map’.

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	<ul style="list-style-type: none"> • The university's academic regulations. • The university's 'Briefing on the Operation of Assessment Boards 2022'. • Narrative provided in support of a further information request. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification includes a range of assessment methods. • Summative assessments must be passed. • Compensation is not allowed within the restrictions of this standard.
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Standard no.	S3.6
Standard description	Assessment (including lowest pass) criteria, choice, and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must seek to ensure safe and effective practice and be appropriate for a qualification leading to registration as an optometrist or dispensing optician.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A 'programme specification' document • Qualification and module descriptors. • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • The university's academic regulations. <p>The information reviewed evidenced, amongst other elements that:</p> <ul style="list-style-type: none"> • The types and range of assessment methods are appropriate to the approved qualification. • GOC learning outcomes must be passed.

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.

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	<p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A 'programme specification' document. • Qualification and module descriptors. • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • A document detailing the university's external examiner system. <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That qualification assessment criteria for all learning settings are set at the appropriate level. • The appropriate use of external examiners within the qualification.
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Standard no.	S3.14
Standard description	There must be a range of teaching and learning methods to deliver the outcomes that integrates scientific, professional, and clinical theories and practices in a variety of settings and uses a range of procedures, drawing upon the strengths and opportunities of context in which the qualification is offered.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A 'programme specification' document. • Qualification and module descriptors. • A completed 'Template 2 - criteria narrative'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • A range of teaching and learning methods have been incorporated into the qualification to deliver the learning outcomes.

Standard no.	S3.15
Standard description	In meeting the outcomes, the approved qualification must integrate at least 1600 hours/48 weeks of patient-facing learning and experience in practice. Learning and experience in practice must take place in one or more periods of time and one or more settings of practice.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A 'programme specification' document.

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	<ul style="list-style-type: none"> • Qualification and module descriptors. • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • The qualification's 'practice-based educator's guide'. <p>The information reviewed evidenced, amongst other elements, that the qualification:</p> <ul style="list-style-type: none"> • Incorporates the required minimum 1600 hours/48 weeks of patient-facing learning and experience in practice.
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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	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A 'programme specification' document. • Qualification module specifications. • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • A completed 'Template 8 – outcome mapping to indicative guidance' <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The types and range of assessment methods are appropriate to the qualification. • Learning outcomes will not be summatively assessed within practice environments. • All summative assessments are conducted by appropriate university staff.

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	NOT MET – condition.
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Rationale	<p>The evidence did not provide the necessary assurance and therefore this standard is NOT MET.</p> <p>Supporting evidence reviewed included but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • Narrative provided in support of a further information request. • Narrative provided in support of the formal response process. <p>The GOC acknowledges that the university is able to list the stakeholders it has established relationships with. However, the evidence did not provide the necessary assurance that this standard is met. There was insufficient evidence in the following areas:</p> <ul style="list-style-type: none"> • Tangible examples of the outcomes of stakeholder engagement and how these have been considered in the design and construction of the qualification. • How the tools used to gather stakeholder feedback include specific questions regarding their views about the design and construction of the qualification <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • Evidence that shows whether you have, or will in the future, conduct consultations with patients and the public. • Evidence that explains and shows how stakeholder feedback has, or will, be considered in the design and construction of the qualification. <p>Also see S3.4</p>
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Standard no.	S3.19
Standard description	The collection and analysis of equality and diversity data must inform curriculum design, delivery, and assessment of the approved qualification. This analysis must include students' progression by protected characteristic. In addition, the principles of equality, diversity and inclusion must be embedded in curriculum design and assessment and used to enhance students' experience of studying on a programme leading to an approved qualification.
Status	NOT MET – condition.
Deadline	Monday 6 January 2025
Rationale	<p>The evidence did not provide the necessary assurance and therefore this standard is NOT MET.</p> <p>Supporting evidence reviewed included but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • Narrative provided in support of the formal response process. <p>The GOC acknowledges that the university has provided evidence of EDI data being used to support students on an individual level; its reasonable adjustments policy and processes appear robust. However, the evidence</p>

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	<p>did not provide the necessary assurance that this standard is met. There was insufficient evidence in the following areas:</p> <ul style="list-style-type: none"> • EDI data has not been considered in the development, design, or construction of the qualification. <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • Examples showing how qualification level EDI data has been considered in the development, design or construction of the qualification. • The processes in place to support the consideration of qualification level EDI data in the development, design or construction of the qualification.
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Standard no.	S4.1
Standard description	The provider of the approved qualification must be legally incorporated (i.e., not be an unincorporated association) and provide assurance it has the authority and capability to award the approved qualification.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • The university's academic regulations. • The university's academic quality assurance manual. • The university's academic governance manual. <p>The information reviewed evidenced, amongst other elements, that the university is:</p> <ul style="list-style-type: none"> • An approved provider of higher education. • A legally incorporated higher education institution.

Standard no.	S4.2
Standard description	The provider of the approved qualification must be able to accurately describe its corporate form, its governance, and lines of accountability in relation to its award of the approved qualification.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • The university's academic regulations.

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	<ul style="list-style-type: none"> • The university's academic quality assurance manual. • The university's academic governance manual. • Document detailing the university's committee/governance structure. <p>The information reviewed evidenced, amongst other elements, the university's:</p> <ul style="list-style-type: none"> • Corporate form, governance, and lines of accountability.
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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	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • The university's academic regulations. • The university's academic quality assurance manual. • The university's academic governance manual. • A document detailing the university's committee/governance structure. • The template of the External Placement Agreement • The practice-based educator guidance. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • There is a robust framework supporting the relationship between the university and placement providers.

Standard no.	S4.5
Standard description	The provider of the approved qualification must have a named person who will be the primary point of contact for the GOC.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • A completed 'Form 2a - notification of proposed adaptation of programmes'.

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	<p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The university has an appropriate named person for the qualification.
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Standard no.	S4.13
Standard description	There must be an effective mechanism to identify risks to the quality of the delivery and assessment of the approved qualification, ensure appropriate management of commercial conflicts of interest and to identify areas requiring development.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • The university's 'Risk Management Framework'. • The university's 'Risk Management Policy'. • The university's 'Student Complaints procedure 2021'. • The university's 'Exclusivity of Service policy' <p>The information reviewed evidenced, amongst other elements, that the university has:</p> <ul style="list-style-type: none"> • Various robust mechanisms and processes for identifying and managing risks.

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	Friday 14 June 2024
Rationale	<p>The evidence did not provide the necessary assurance and therefore this standard is NOT MET.</p> <p>Supporting evidence reviewed included but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • The university's 'Risk Management Framework'. • The university's 'Risk Management Policy'. • Academic staff CVs.

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	<p>The GOC acknowledges that the university has stated it has a resource planning mechanism. However, the evidence did not provide the necessary assurance that this standard is met. There was insufficient evidence in the following areas:</p> <ul style="list-style-type: none"> • A lack of evidence of a process or planning for resources. • No tangible examples of how the qualification’s resource planning mechanism has been implemented. <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • Evidence that clearly demonstrates robust and transparent mechanisms for identifying, securing, and maintaining a sufficient and appropriate level of ongoing resource to deliver the outcomes to meet the needs of the qualification, including human and physical resources that are fit for purpose and clearly integrated into strategic and business plans. • The qualification’s resource planning mechanism and examples of how it has been applied. • How resources will be managed on an ongoing basis especially as the university delivers qualifications under the new education and training requirements and the handbook.
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Standard no.	S5.2
Standard description	<p>There must be sufficient and appropriately qualified and experienced staff to teach and assess the outcomes. These must include:</p> <ul style="list-style-type: none"> • an appropriately qualified and experienced programme leader, supported to succeed in their role; • sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals; • sufficient supervision of students’ learning in practice by GOC registrants who are appropriately trained and supported in their role; • and an appropriate student:staff ratio (SSR), which must be benchmarked to comparable provision.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed ‘Template 2 - criteria narrative’. • Academic staff CVs. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification has leadership. • There is currently an appropriate range and number of staff to deliver the qualification.

ADT-RPT Report of the outcomes of the adaptation to the GOC education and training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025