



Aston University
Report of the outcomes of the adaptation to the GOC education & training requirements
Independent Prescribing for Optometrists
AST-IP1-ETR
Report confirmed by GOC 23 May 2024

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 THE ADAPTATION PROCESS.....	6
4.1 QUALITY ASSURANCE ACTIVITY	6
4.2 GOC REVIEW TEAM	6
4.3 SUMMARY OF CONDITIONS & RECOMMENDATIONS	6
4.4 STANDARDS OVERVIEW.....	6

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

SECTION ONE – ABOUT THIS DOCUMENT

1.1 ABOUT THIS DOCUMENT

This report outlines the outcomes of the review of Aston University's adapted Independent Prescribing for Optometrists qualification against the *Requirements for Approved Qualifications in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP)* (January 2022).

It includes:

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

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

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.	

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

SECTION THREE – QUALIFICATION DETAILS

3.1 QUALIFICATION DETAILS	
Qualification title	Independent Prescribing for Optometrists
Qualification level	Regulated Qualifications Framework (RQF) level 7 - postgraduate certificate.
Duration of qualification	16 months in total which includes two academic modules at four months length each. Additionally, trainees can start the third, clinical placement, module from initial enrolment.
Number of cohorts per academic year	Two
Month(s) of student intake	October & March
Delivery method(s)	<ul style="list-style-type: none"> • Online – distance learning. • The qualification incorporates a clinical placement.
Alternative exit award(s)	Not applicable
Total number of students per cohort	60 (120 in total across the two cohorts/per academic year)

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

SECTION FOUR – SUMMARY OF THE OUTCOMES OF THE ADAPTATION PROCESS

4.1 QUALITY ASSURANCE ACTIVITY	
Type of activity	Review of Aston University’s (university) adapted Independent Prescribing for Optometrists qualification (qualification) against the <i>Requirements for Approved Qualifications in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP)</i> (January 2022).

4.2 GOC REVIEW TEAM	
Officer	Ella Pobee – Education Development Officer
Manager	Lisa Venables – Education Development Manager
Decision maker	Sam Morgan – Head of Education & CPD Development
Education Visitor Panel (panel) members	<ul style="list-style-type: none"> • Carl Stychin – Lay chair • Graeme Kennedy – Optometrist & Independent Prescribing Optometrist member • Pam McClean – Optometrist & Independent Prescribing Optometrist member • Janice McCrudden – Optometrist & Independent Prescribing Optometrist member • David Hill - Optometrist & Independent Prescribing Optometrist member • Nicola Szostek - Optometrist & Independent Prescribing Optometrist member • Kiki Soteri – Optometrist & Independent Prescribing Optometrist member

4.3 SUMMARY OF CONDITIONS & RECOMMENDATIONS	
The qualification has been set conditions against the following standards: <ul style="list-style-type: none"> • S3.1 • S3.13 	
The qualification has been set recommendations against the following standard: <ul style="list-style-type: none"> • S3.12 • S5.1 	
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 adaptation process for approved qualifications (as outlined in Form 2b*) are listed below along with the outcomes, statuses, actions, and any relevant deadlines. Actions may include the following: <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. 	

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

- 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.

*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 – selection & admissions of trainees S2.2, S2.3, S2.4 S2.6
- Standard three - assessment of outcomes and curriculum design S3.7 S3.8, S3.9, S3.10, S3.16 S3.17
- Standard four - management, monitoring and review of approved qualifications S4.1, S4.4, S4.5, S4.6, S4.7, S4.8, S4.9, S4.10, S4.12
- Standard five: leadership, resources and capacity S5.3, S5.4, S5.5

Further details on the evidence that Aston University was required to complete or submit as part of the education and training requirements (ETR) adaptation process can be found here <https://optical.org/en/publications/qualifications-in-additional-supply-as-supplementary-prescribing-sp-and-or-independent-prescribing-ip-categories/>

Standard no.	S2.1
Standard description	Selection and admission criteria must be appropriate for entry to an approved qualification for specialist entry to the GOC register (AS, SP and/or IP categories) including relevant health, character and fitness to practise checks. For overseas trainees, 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. • Narrative provided in support of a further information request. <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 including the introduction of a Disclosure and Barring Service (DBS) requirement. • Has an appropriate admissions process with input from both university-wide and qualification-based teams.

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

Standard no.	S2.5
Standard description	Recognition of prior learning must be supported by effective and robust policies and systems. These must ensure that trainees admitted at a point other than the start of a programme have the potential to meet the outcomes for the award of the approved qualification. Prior learning must be recognised in accordance with guidance issued by The Quality Assurance Agency for Higher Education (QAA) and/or The Office of Qualifications and Examinations Regulation (Ofqual) / Scottish Qualifications Authority (SQA) / Qualifications Wales / Department for the Economy in Northern Ireland and must not exempt trainees from summative assessments leading to the award of the approved qualification. (If necessary, separate arrangements will be made for the safe transition of trainees who have not yet completed GOC-approved therapeutic prescribing qualifications programmes prior to the introduction of the new outcomes and standards.)
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 programme specification. • The university's 'General Regulations for Postgraduate Taught Programmes' that outlines information on recognition of prior learning. • A document that outlines the recognition of prior learning process at a qualification level. • Narrative provided in support of a further information request. <p>The information reviewed evidenced, amongst other elements, that the university:</p> <ul style="list-style-type: none"> • Has an appropriate recognition 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 trainees' achievement of outcomes at the required level (Miller's Pyramid) and how this leads to an award of an approved qualification.
Status	NOT MET – condition.
Deadline	Monday 24 June 2024
Rationale	The evidence did not provide the necessary assurance and therefore this standard is NOT MET.

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

	<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 3 – qualification diagram'. • A completed 'Template 5 – module outcome map'. • Module specifications for all three modules. • 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 evidence of its assessment strategy including outlining pass marks, weightings, and the use of a variety of assessment methods. It also provides information in relation to the clinical skills day including the learning outcomes that will be covered. However, the evidence did not fully 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 clarity as to whether learning outcomes will be signed off during clinical skills days. ○ No rubrics for the practical sessions have been provided. ○ No details provided around the pass/fail criteria for the practical clinical skills days. <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • Marking rubrics for the assessments/outcomes that will be completed during the clinical skills days. • Explanation of whether learning outcomes will be signed off during clinical skills days. <p>Also see S3.13.</p>
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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 (for example, Harden's spiral curriculum), introducing, progressing and assessing knowledge, skills and behaviour until the outcomes are achieved.
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 3 – qualification diagram'. • A completed 'Template 5 – module outcome map'. • Module specifications for all three modules.

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

	<ul style="list-style-type: none"> • Narrative provided in support of a further information request. • Narrative provided in support of the formal response process. <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That each of the modules builds on knowledge from the previous module. • That module assessments must be passed before progression is allowed. • The quality assurance process of the assessments.
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Standard no.	S3.3
Standard description	Curriculum design and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, trainees, commissioners, placement providers, members of the eye-care team and other healthcare professionals.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed 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 document evidencing stakeholder engagement. • Narrative provided in support of a further information request. <p>The information reviewed evidenced, amongst other elements, that the university:</p> <ul style="list-style-type: none"> • Has established constructive relationships with both internal and external stakeholders. • Has incorporated stakeholder feedback into the development of the qualification.

Standard no.	S3.4
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'.

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

	<ul style="list-style-type: none"> • A completed 'Template 3 – qualification diagram'. • A completed 'Template 5 – module outcome map'. • A programme specification. • Module specifications for all three modules. • The university's 'General Regulations for Postgraduate Taught Programmes' • Narrative provided in support of a further information request. • Narrative provided in support of the formal response process. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • Module assessments must be passed before progression is allowed. • The university has an appropriate governance process to resolve referral and deferral decisions. • Compensation is not allowed within the restrictions of this standard.
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Standard no.	S3.5
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 ensure safe and effective practice and be appropriate for a qualification for specialist entry to the GOC register (AS, SP and/or IP).
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 3 – qualification diagram'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • Module specifications for all three modules. <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That a pass mark of 50% has been set by the university for all postgraduate qualifications – this has been applied to the independent prescribing modules/qualifications. • The areas of the qualification in which patient safety is discussed/taught/assessed. • That the qualification has the involvement of an external examiner. • That the qualification's assessments are appropriate for a qualification for specialist entry to the GOC register.

Standard no.	S3.6
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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

Standard description	Assessment (including lowest pass) criteria must be explicit and set using an appropriate and tested standard-setting process. This includes assessments which occur during learning and experience in 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 completed 'Template 2 – criteria narrative'. • A completed 'Template 3 – qualification diagram'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • Module specifications for all three modules. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • A pass mark of 50% has been set by the university for all postgraduate qualifications – this has been applied to the independent prescribing modules/qualifications.

Standard no.	S3.11
Standard description	A range of teaching and learning methods must be used to deliver the outcomes.
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 3 – qualification diagram'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • Module specifications for all three modules. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification incorporates an appropriate range of teaching and learning methods.

Standard no.	S3.12
Standard description	To enable the development of trainees' clinical, diagnostic and prescribing skills to meet the outcomes, the approved qualification must integrate learning and experience in practice (as a guide, approximately 90 hours). The supervision of a trainee's learning and experience in practice must be co-ordinated by an appropriately trained and qualified registered healthcare

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

	professional (DPP) with independent prescribing rights. (See also S4.4-S4.6.)
Status	Met – recommendation.
Deadline	Supporting evidence to be submitted as part of the GOC annual monitoring review process for academic year 2023-4.
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’. • Module specifications for all three modules. • An example competency framework. • Narrative outlining changes made in relation to the DPP relationship as a result of the last GOC quality assurance visit (2021). • Narrative provided in support of a further information request. • Narrative provided in support of the formal response process. <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That the university provides training to its DPPs. • How applicants will be informed of the role and responsibilities of DPPs. <p>Although the information reviewed provided sufficient assurance that this standard is MET, a recommendation has been set in relation to this standard as the GOC considers that it can be enhanced. Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • Tangible examples of the training delivered to DPPs. • Clarification of whether medical and non-medical DPPs received differing training materials and support. • The university’s quality assurance of DPPs.

Standard no.	S3.13
Standard description	Outcomes delivered and assessed during learning and experience in practice must be clearly identified, included within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification.
Status	NOT MET – condition.
Deadline	Monday 24 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’. • A completed ‘Template 3 – qualification diagram’.

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

	<ul style="list-style-type: none"> • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • Module specifications for all three modules. <p>The GOC acknowledges that the university has evidenced that the outcomes delivered and assessed within the clinical placement module are clearly identified within the assessment strategy and module specifications. However, the evidence did not fully 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 clarity as to whether learning outcomes will be signed off during clinical skills days. ○ No rubrics for the practical sessions have been provided. ○ No details provided around the pass/fail criteria for the practical clinical skills days. <p>Possible types of evidence that can be submitted (but not limited to) are:</p> <ul style="list-style-type: none"> • Marking rubrics for the assessments/outcomes that will be completed during the clinical skills days. • Explanation of whether learning outcomes will be signed off during clinical skills days. <p>Also see S3.1.</p>
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Standard no.	S3.14
Standard description	The selection of outcomes to be taught and assessed during periods of learning and experience in practice and the choice and design of assessment items must be informed by feedback from a variety of sources, such as patients, employers, trainees, DPPs, members of the eye-care team and other healthcare professionals.
Status	MET – no further action is required at this stage.
Deadline	Not applicable.
Rationale	<p>The evidence reviewed 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 document evidencing stakeholder engagement. • Narrative provided in support of a further information request. <p>The information reviewed evidenced, amongst other elements, that the university:</p> <ul style="list-style-type: none"> • Has established constructive relationships with both internal and external stakeholders. • Has incorporated stakeholder feedback into the development of the qualification including outcomes.

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

Standard no.	S3.15
Standard description	Equality and diversity data and its analysis must inform curriculum design, delivery and assessment of the approved qualification. This analysis must include trainees' 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 trainees' 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	<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 'Access and Participation Plan' • The university's webpage detailing its EDI strategy, policies and student support. • Narrative provided in support of a further information request. <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • How EDI data is collated and reviewed at both university and qualification level.

Standard no.	S4.2
Standard description	The organisation responsible for the award of the approved qualification must be legally incorporated (i.e. not be an unincorporated association) and have 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'. • Minutes from the university's Senate's Learning & Teaching Committee's Programme Approval & Development Sub-committee. • gov.uk's webpage https://www.gov.uk/check-university-award-degree • Narrative provided in support of a further information request. • Narrative provided in support of the formal response process. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification has obtained the appropriate internal validation. • The university is legally incorporated and has the appropriate awarding powers.

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

Standard no.	S4.3
Standard description	The provider must have a named point of contact for 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 1 – introduction' • A completed 'Template 2 - criteria narrative'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The university has an appropriate point of contact for the qualification.

Standard no.	S4.11
Standard description	There must be an effective mechanism to identify risks to the quality of the delivery and assessment of the approved qualification and to identify areas requiring attention or 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 1 – introduction' • A completed 'Template 2 - criteria narrative'. • A qualification specific risk register. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The university has an appropriate process for identifying risks to the qualification. • The university seeks feedback from stakeholders in relation to the development of the qualification.

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 resources to deliver the outcomes to meet these standards, including human and physical resources that are fit for purpose and clearly integrated into strategic and business plans. Evaluations of resources and capacity must be evidenced together with evidence of recommendations considered and implemented.
Status	MET – recommendation.

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

Deadline	Supporting evidence to be submitted as part of the GOC annual monitoring review process for academic year 2023-4.
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'. • Staff curricula vitae. • A qualification specific risk register. • Narrative provided in support of a further information request. • Narrative provided in support of the formal response process. <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That the qualification has access to a range of appropriate resources. • The support that trainees are provided with to obtain placements and DPPs. • That the university has a yearly process for reviewing budgets, resources, capacity, and work force planning. <p>Although the information reviewed provided sufficient assurance that this standard is MET, a recommendation has been set in relation to this standard as the GOC considers that it can be enhanced.</p> <p>Possible areas of evidence that can be submitted, are (this list is non-exhaustive):</p> <ul style="list-style-type: none"> • Tangible examples of where/how decisions are made within university and school structures. • Clearly identifying who budget holders are.

Standard no.	S5.2
Standard description	<p>There must be a sufficient and appropriately qualified and experienced staff team. This must include:</p> <ul style="list-style-type: none"> • an appropriately qualified and experienced programme leader, supported to succeed in their role; and • sufficient staff responsible for the teaching and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals.
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 1 – introduction' • Staff curricula vitae

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

	<p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • The university has an appropriate point of contact for the qualification. • The qualification is delivered by an appropriate range and number of staff.
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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