

Cardiff University
GOC Full Approval Quality Assurance Visit
BSc (Hons) Optometry
17 and 18 April 2023

TABLE OF CONTENTS

PART 1 – VISIT DETAILS	3
1.2 Programme details	3
1.3 GOC Education Visitor Panel (EVP)	3
1.4 Purpose of the visit	3
1.5 Programme history	3
PART 2 – VISIT SUMMARY	5
2.1 Visit outcomes	5
2.2 Previous conditions	5
2.3 Previous recommendations	5
2.4 Non-applicable requirements	6
PART 3 – CONDITIONS, RECOMMENDATIONS & COMMENDATIONS	8
3.1 Conditions set at this visit	8
3.2 Recommendations offered at this visit	8
3.3 Commendations made at this visit	11

PART 1 – VISIT DETAILS

1.2 Programme details	
Programme title	BSc (Hons) Optometry
Programme description	<ul style="list-style-type: none"> The programme is a three-year, full-time programme that adheres to the standard academic year. Cardiff University's BSc (Hons) Optometry programme was adapted to the new Education and Training Requirements (ETR) in December 2022. The last intake for the BSc Optometry (with a Preliminary Year) was the 2023/24 academic year. The last intake for the BSc was the 2022/23 academic year. The first cohort of the Master of Optometry programme commenced in September 2023.
Current approval status	Fully approved (FA)
Approved student numbers	115 per annum

1.3 GOC Education Visitor Panel (EVP)	
Chair	Carl Stychin
Visitors	Brian McCotter – Optometrist Preeti Bhogal-Bhamra – Optometrist / Independent Prescribing member Graeme Stevenson – Dispensing Optician Gail Fleming – Lay member
GOC representative	Lamine Kherroubi – Approval and Quality Assurance Officer
Observers	Georgina Carter - Approval and Quality Assurance Officer

1.4 Purpose of the visit	
Visit type	FULL APPROVAL QUALITY ASSURANCE VISIT
Visit format	VIRTUAL
<p>The purpose of this full approval quality assurance visit was to:</p> <ol style="list-style-type: none"> review Cardiff University's BSc (Hons) Optometry programme (programme) to ensure it meets the requirements as listed in the <i>GOC's Optometry Handbook 2015</i> (Handbook) and the <i>GOC Education A&QA-Supplementary Documents – List of Requirements</i> (list of requirements) and review the provider's progress with the recommendations set during the last quality assurance visit in October 2017. <p>This visit took place remotely.</p>	

1.5 Programme history		
Date	Event type	Overview
24 October 2017	Visit	A visit to Cardiff University's BSc (Hons) Optometry programme took place to obtain assurance that the standards of teaching and clinical practice within the

		Programme are compliant with the GOC's Core Competencies and requirements.
22 March 2019	Change	Cardiff University sought approval from the GOC to increase their approved student numbers from 87 to 100 students per cohort on the BSc (Hons) Optometry programme from academic year 2019-20. This change was approved by the GOC Education department.
04 July 2022	Change	The provider sought approval from the GOC to increase their approved student numbers from 100 students to 115 per year. This change was approved by the GOC Education department.
08 August 2022	Adaptation submission	Cardiff University submitted their adaptation documentation for the introduction of their Master of Optometry (MOptom) qualification to replace the current BSc (Hons) Optometry qualification.
11 November 2022	Event	Cardiff University notified the GOC that their Director of Learning and Teaching, at the School of Optometry and Vision Sciences was stepping down. Cardiff University subsequently appointed a new director.
16 December 2022	Adaptation submission	It was confirmed with the provider that their Master of Optometry adaptation had been 'noted', including the following: <ul style="list-style-type: none"> - Cardiff University will deliver Master of Optometry, with the first cohort of students commencing from September 2023; and - Cardiff University will continue to deliver BSc (Hons) Optometry with the last cohort of students commencing from September 2022.
03/04/2023	Event	Cardiff University notified the GOC that a new Director of Teaching and Learning was appointed. The GOC noted the successful appointment.

PART 2 – VISIT SUMMARY

2.1 Visit outcomes	
The panel was pleased to see a high level of commitment to the programme on the part of staff and students. The panel recognises that the team are in the process of developing the qualification in line with the GOC's new Education and Training Requirements (ETRs). The panel set one new condition and made six recommendations to further develop the programme. The panel is satisfied that the programme should continue to be fully approved.	
Summary of recommendations to the GOC	
Previous conditions	There were no previous conditions.
New conditions	One new condition is set. Details regarding the condition are set out in section 3.1 .
New recommendations	Six new recommendations are set. Details regarding the recommendations are set out in section 3.2 .
Commendations	One commendation is offered. Details regarding the commendations are set out in section 3.3 .
Actual student numbers	Year 1 – 120 Year 2 – 105 Year 3 – 102
Approval status	The programme remains fully approved.
Next visit	The programme, in its current form, is no longer admitting any new cohorts of students because the adapted qualification (in line with the new GOC's new Education and Training requirements – 'ETR') is starting in September 2023. During this transition period between the two sets of GOC standards, another visit may be scheduled in line with our current and/or future quality assurance policies, as deemed appropriate.
Factors to consider when scheduling next visit e.g., when students are in, hospital, audit etc.	Should a further visit be scheduled, it should factor in: <ul style="list-style-type: none"> • time to speak to students from all cohorts. • time to speak to external examiners. • the implementation of the GOC's new ETRs.

2.2 Previous conditions
The conditions listed below are extracted from the report of 24 October 2017
There were no conditions set at the previous visit.

2.3 Previous recommendations		
The recommendations listed below are extracted from the report of 24 October 2017		
Recommendation	Description	Comments
Recommendation 1	To revise the Dispensing Logbook in order to allow supervisors to justify the grade awarded. Additionally, within the Dispensing Logbook, students should be encouraged to reflect clearly on their learning outcomes.	The panel was assured by the discussions held and evidence presented during the visit that this recommendation has been addressed.

Recommendation 2	To review the Dispensing Logbook in order to make reference to 'safe' rather than 'competent' patient episodes.	The panel was assured by the discussions held and evidence presented during the visit that this recommendation has been addressed.
Recommendation 3	To review the Supervisors' Handbook in order to clarify that penalties for excessive patient examination time do not impact on 'safe' and 'unsafe' judgements.	The panel was assured by the discussions held and evidence presented during the visit that this recommendation has been addressed.
Recommendation 4	To encourage the development of Inter-Professional Education (IPE) relevant to Optometry students, as per the strategic plan.	Recommendation has been superseded. Please see section 3.2 of the report for new recommendations.
Recommendation 5	To encourage the use of Meditrek as the primary means of capturing student reflections on their patient episodes.	Recommendation has been superseded. Please see section 3.2 of the report for new recommendations.
Recommendation 6	To develop the Meditrek system to include recording of the full range of patient experience, as detailed in Appendix F of the 2015 GOC Optometry Handbook.	The panel was assured by the discussions held and evidence presented during the visit that this recommendation has been addressed.
Recommendation 7	To monitor the number of students entering year one and ensure that it does not exceed the GOC approved student number of 87, in addition to the current permitted 10% margin.	The panel was assured by the discussions held and evidence presented during the visit that this recommendation has been addressed.

2.4 Non-applicable requirements

The panel recommends that some requirements be deemed fully or partially non-applicable to the current programme due to the structure and division of roles between Cardiff University and the College of Optometrists (CoO), for example:

- The University only provides evidence of competency in relation to GOC Stage 1 competencies of the route to registration.
- The CoO is responsible for the GOC Stage 2 competencies during the long clinical placement and ensuring all the elements of portfolio are completed under supervision.

Thus, the panel recommends that the following requirements be deemed non-applicable to the programme:

OP6.14	Upon completion of the pre-registration placement, the provider must inform the GOC that the student has achieved professional competence at Stage 2 so as to allow them to apply for entry to the GOC Register of Optometrists.
OP6.15	Students must be assessed as competent against each of the Stage 2 GOC Core Competencies.
OP6.16	Students must acquire the minimum amount of patient experience within each patient category (attached in Appendix F).

OP6.17	Students must hold certified portfolios containing a record of both their patient experience and achievement of all core competency elements.
OP6.18	The portfolio must include evidence of how and when each individual element of competence was achieved by the individual student.
OP6.19	The portfolio must contain a case record for each individual patient episode contributing to the minimum requirements.
OP6.20	The portfolio must include evidence of the development of the student's professional judgement through critical thinking and reflection.

PART 3 – CONDITIONS, RECOMMENDATIONS & COMMENDATIONS

Conditions are applied to training and assessment providers if there is evidence that the GOC requirements are not met.
Recommendations indicate enhancements that can be made to a programme, these may not be directly linked to compliance with GOC requirements.
Commendations identify areas of good practice where the programme exceeds GOC requirements for approval.

3.1 Conditions set at this visit	
The unmet requirements for this visit are set out below along with the conditions that are required to meet the requirements.	
OP5.11	The provider must maintain effective governance arrangements to support relationships with any external parties responsible for delivering elements of the route to registration, specifically including practice-based learning.
Condition 1	The provider is required to formalise arrangements with those hospitals providing external placements to the program by establishing formal agreements.
Date Due	1 April 2024
Rationale	<p>The Panel heard that the monitoring and supervision of students during hospital placements was undertaken on a reactive rather than proactive basis. Furthermore, during the meeting with students the Panel heard that specific patient interactions were based informally on available situations when students are on placement rather than all students experiencing the same interactions. The panel was advised that formal agreements with those hospitals providing placements were not in place.</p> <p>The Panel advised the provider in the closing meeting of the visit that this condition is required to ensure that there is a formalised and robust system in place to manage the quality and management of external placements to ensure that governance standards are maintained.</p>

3.2 Recommendations offered at this visit	
The panel offers the following recommendations to the provider.	
A6.2	Providers must provide sufficient information to the GOC, as requested, and in a timely manner.
Recommendation 1	It is recommended that the provider implements a process by which it ensures that the GOC is notified of any staffing changes - including external examiners - in a timely manner.
Rationale	In relation to Condition 1 above, the panel became aware that two technicians had left the programme and that two new technicians were due to begin working with the provider a month after the visit. Furthermore, the panel became aware during the visit that the term of

	office for one of the external examiners listed in the documentation had, in fact, ended. The GOC would expect to be notified regarding staffing changes in a timely manner, which provides the GOC with increased assurance as to how the provider aims to manage staffing issues. Accurate and up to date information also would give the GOC a better understanding of how the programme is resourced – irrespective of whether a visit is taking place – so that these changes can be effectively assessed.
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OP1.6	Students must have access to opportunities for multi-disciplinary learning and to understand their role within the wider healthcare team.
Recommendation 2	It is recommended that the provider continues to develop opportunities for multidisciplinary and interprofessional education with other healthcare professionals.
Rationale	<p>The panel heard that the provider had taken steps to increase the opportunities for multidisciplinary and interprofessional education. However, multidisciplinary learning is mainly embedded within the programme through the hospital placements and clinics. The panel's view was that there remains the potential for further development in this area.</p> <p>The panel determined that it would be beneficial to students to experience increased opportunities for interprofessional and multidisciplinary education involving other healthcare professionals and students. This would allow students to achieve a wider range of insights into working as part of a multidisciplinary, interprofessional team.</p>

OP1.9	Staff must have the capacity to respond to student enquiries, provide feedback and support in a timely manner.
Recommendation 3	It is recommended that the provider takes steps to ensure that feedback from supervisors in clinics is provided in a timely fashion before the students' next patient encounter.
Rationale	In meetings with staff and students, the panel heard about the provision of feedback to students on their performance in a clinic environment. It became clear that feedback is not always delivered within a timeframe by which the student can benefit from it before undertaking their next patient encounter. This meant that the student might not be able to take full advantage of the benefits of feedback. The panel advised that the consistent and regular feedback from supervisors would assist in the continuous development of student skills to ensure they meet their core competencies and objectives for the course.

OP4.5	The assessment structure and procedures must comprise formative and summative elements and provide the student with sufficient feedback, within a reasonable timeframe, to enable maximum learning and achievement.
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Recommendation 4	It is recommended that that the provider develop a strategic mapping of how formative feedback is used across the program.
Rationale	The panel heard that formative elements of assessment are provided in the programme. However, it was unclear to the panel exactly how the provider had oversight over the range of formative assessment methods, in order to ensure that there was a coherent strategy for the use of formative assessment across the programme. Therefore, the panel determined that a strategic mapping of how formative assessment is given to students could offer assurance that the programme is underpinned by a coherent strategy in assessment.

OP5.1	The provider must have a clear framework for obtaining feedback on programme quality from a variety of sources including patients, students, staff, supervisors and employers.
Recommendation 5	It is recommended that the provider develop a strategic framework for obtaining feedback from external stakeholders thereby building on the successful engagement in the adaptation of the programme to meet the new education and training requirements.
Rationale	The panel was made aware of the programme of stakeholder engagement which had been undertaken to adapt the programme to the new education and training requirements of the GOC. The panel heard during that visit that feedback is obtained from clinics and from students. However, the panel was of the view that the programme would benefit from a more comprehensive, systematic and strategic approach to the obtaining of feedback from a wide range of stakeholders. The panel determined that the routine use of feedback from stakeholders going forward would ensure that the provider was able to ensure the continuous and robust improvement of the programme.

OP1.4	The route to registration must enable the student to develop the ability to exercise professional judgement through critical thinking, evidenced-based practice and reflection.
OP1.7	Students must be provided with opportunities to reflect formally on their patient interactions, to consider how well they performed, the feedback they received and how this affected their understanding and learning goals.
OP6.13	The portfolio must include evidence of the development of the student's professional judgement through critical thinking and reflection.
Recommendation 6	It is recommended that the provider supports students to engage in meaningful and programme-integrated reflection on their patient interactions and practical learning.
Rationale	During the visit, and through the evidence provided, the panel was able to understand how the Meditrek system provided the platform through which students could reflect on their patient interactions and

practical learning. However, it became clear to the panel during the visit that students were not always engaging fully with the opportunities for meaningful, substantive reflection. There were various reasons put forward for this situation, including the use of oral rather than written feedback from supervisors and the use of simulated patients which were not viewed by students as giving them much opportunity for meaningful reflection. The panel therefore recommends that the provider review the mechanisms by which students are given opportunities for reflection throughout the programme and consider how that might be more fully integrated within the programme.

3.3 Commendations made at this visit

The panel wishes to commend the breadth of practical experiences to which students are exposed in the programme.

The panel heard from students and staff about the wide range of opportunities for experiential learning which were available to students on the programme. These clearly enrich the student experience and enhance the overall quality of the course.