

<b>Anglia Ruskin University</b>
<b>Report of outcomes of the adaptation to the GOC education &amp; training requirements</b>
<b>BSc Dispensing Optician (Registerable Award)</b>
<b>ARU-DO1-ETR</b>
<b>Report confirmed by GOC 28 March 2024</b>

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# SECTION ONE – ABOUT THIS DOCUMENT

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## 1.1 ABOUT THIS DOCUMENT

This report outlines the outcomes of the review of Anglia Ruskin University's (provider) adapted BSc Dispensing Optician (Registerable Award) qualification (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 or the merged Adaptation Form – ADP-FRM).
- The status of all the standards reviewed as part of the adaptation process (which includes the formal response process).
- Any action Anglia Ruskin University is required to take.

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## SECTION TWO – PROVIDER DETAILS

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

<b>3.1 QUALIFICATION DETAILS</b>	
<b>Qualification title</b>	BSc Dispensing Optician (Registerable Award)
<b>Qualification level</b>	Level six
<b>Duration of qualification</b>	Three years
<b>Number of cohorts per academic year</b>	One
<b>Month(s) of student intake</b>	September
<b>Delivery method(s)</b>	Blended learning
<b>Alternative exit award(s)</b>	<ul style="list-style-type: none"> <li>• Level six – BSc Dispensing Optician (Non-registerable Award)</li> <li>• Level five – BSc Dispensing Optician (Non-registerable Award)</li> <li>• Level four – Dip HE Dispensing Optician (Non-registerable Award)</li> </ul>
<b>Total number of students per cohort</b>	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 provider’s adapted BSc Dispensing Optician qualification (Registerable Award) against the <i>Requirements for Approved Qualifications in Optometry and Dispensing Optics</i> (March 2021).

4.2 GOC REVIEW TEAM	
Officer	Georgia Smith – 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"> <li>• Mark Bissell – Lay Chair</li> <li>• Will Naylor – Lay Chair (replacement Chair)</li> <li>• Janice McCrudden – Optometrist and Independent Prescribing Optometrist member</li> <li>• Maryna Hura – Dispensing Optician</li> <li>• Kevin Gutsell – Dispensing Optician</li> </ul>

4.3 SUMMARY OF CONDITIONS AND RECOMMENDATIONS	
Conditions	The qualification has been set <b>one</b> condition.
Recommendations	The qualification has been set <b>three</b> recommendations.
<b>Commentary against all of the standards reviewed are set out in section 4.4.</b>	
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 2a or in the Adaptation Form*) are listed below along with the outcomes, statuses, actions, and any relevant deadlines. Actions may include the following:	
<ul style="list-style-type: none"> <li>• A <b>condition</b> is set when the information submitted did not provide the necessary evidence and assurance that a standard is met; further action is required.</li> <li>• A <b>recommendation</b> 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.</li> <li>• <b>No further action</b> is required – the information submitted provides the necessary assurance that a standard is met.</li> </ul>	
*The following standards listed were <b>not</b> reviewed as part of the adaptation process but are monitored as part of the GOC’s Quality Assurance and Enhancement Methods (QAEM):	

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- 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 on our [qualifications in optometry or dispensing optics](#) webpage.

<b>Standard no.</b>	S2.1
<b>Standard description</b>	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.
<b>Status</b>	<b>MET – no further action is required at this stage</b>
<b>Deadline</b>	Not applicable.
<b>Rationale</b>	<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"> <li>• A completed 'Template 2 - criteria narrative.</li> <li>• The provider's 'Dispensing' webpage.</li> <li>• The provider's course specification.</li> <li>• The provider's 'Senate Code of Practice (Admissions)'.</li> <li>• The provider's 'DBS Online Application Guidance'.</li> <li>• The provider's 'Fitness to Study Policy'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has appropriate, clear, and comprehensive entry and IELTS requirements.</li> <li>• The provider conducts appropriate, clear, and comprehensive occupational checks.</li> </ul>

<b>Standard no.</b>	S2.5
<b>Standard description</b>	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

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	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.
<b>Status</b>	<b>MET – no further action is required at this stage</b>
<b>Deadline</b>	Not applicable.
<b>Rationale</b>	<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"> <li>• A completed 'Template 2 - criteria narrative.'</li> <li>• The provider's 'Guide on Accreditation of Prior Learning (APL).'</li> <li>• The provider's 'AP(C)L Course Tariff Approval Form'.</li> <li>• The provider's Senate Code of Practice (Admissions).'</li> <li>• The provider's 'AP(C)L Individual Applications Flowchart'.</li> <li>• The provider's 'AP(C)L Form'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has an appropriate accreditation of prior/certified learning policy and process for implementing it.</li> </ul>

<b>Standard no.</b>	S3.1
<b>Standard description</b>	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.
<b>Status</b>	<b>MET – no further action is required at this stage</b>
<b>Deadline</b>	Not applicable.
<b>Rationale</b>	<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"> <li>• A completed 'Template 2 - criteria narrative.'</li> <li>• A completed 'Template 4 – assessment strategy'.</li> <li>• A completed 'Template 5 – module outcome map'.</li> <li>• A completed 'Template 8 – outcome mapping to indicative guidance'.</li> <li>• The provider's 'Senate Code of Practice (Assessments).'</li> <li>• The provider's 'Academic Regulations'.</li> <li>• The provider's 'Assessment Protocol'.</li> <li>• The provider's 'Rules, Regulations and Procedures for Students (23<sup>rd</sup> Edition).'</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has a comprehensive and clear assessment strategy.</li> </ul>

<b>Standard no.</b>	S3.3
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<b>Standard description</b>	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 <sup>10</sup> ). This experience must increase in volume and complexity as a student progresses through a programme.
<b>Status</b>	<b>MET – no further action is required at this stage</b>
<b>Deadline</b>	Not applicable.
<b>Rationale</b>	<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"> <li>• A completed 'Template 2 - criteria narrative'.</li> <li>• The provider's 'Minutes from Stakeholder Meetings'.</li> <li>• The provider's 'ARU Stakeholder Meeting' document.</li> <li>• The provider's 'Case Record Template'.</li> <li>• The provider's 'Optical Practice Cases and Logs'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has engaged in a sufficient variety of stakeholder consultations.</li> <li>• The qualification integrates IPL and team working sufficiently well.</li> </ul>

<b>Standard no.</b>	S3.4
<b>Standard description</b>	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.
<b>Status</b>	<b>MET – no further action is required at this stage</b>
<b>Deadline</b>	Not applicable.
<b>Rationale</b>	<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"> <li>• A completed 'Template 2 - criteria narrative'.</li> <li>• The provider's 'Minutes from Stakeholder Meetings'.</li> <li>• The provider's 'Clinic Supervisors Meeting Minutes'.</li> <li>• The provider's 'Appraisal Form 22-3'.</li> <li>• The provider's 'Expectations of Academic Staff'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has clear and adequate stakeholder engagement.</li> </ul>

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	<ul style="list-style-type: none"> <li>The provider has clear and adequate expectations for academic staff, including mandatory training and an appraisal system.</li> </ul>
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<b>Standard no.</b>	S3.5
<b>Standard description</b>	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.
<b>Status</b>	<b>MET – no further action is required at this stage</b>
<b>Deadline</b>	Not applicable.
<b>Rationale</b>	<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"> <li>A completed 'Template 2 - criteria narrative'.</li> <li>A completed 'Template 4 – assessment strategy'.</li> <li>A completed 'Template 5 – module outcome map'.</li> <li>A completed 'Template 8 – outcome mapping to indicative guidance'.</li> <li>The provider's 'Senate Code of Practice (Assessments)'.</li> <li>The provider's 'Academic Regulations'.</li> <li>The provider's 'Assessment Protocol'.</li> <li>The provider's 'Rules, Regulations and Procedures for Students (23<sup>rd</sup> Edition)'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>The qualification includes a sufficient range of assessment methods.</li> <li>The provider has implemented mechanisms for recording and monitoring of the learning outcomes.</li> </ul>

<b>Standard no.</b>	S3.6
<b>Standard description</b>	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.
<b>Status</b>	<b>MET – a recommendation is set</b>
<b>Deadline</b>	Response to the recommendation(s) set to be submitted in the 2023/24 annual monitoring submission.
<b>Rationale</b>	<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"> <li>A completed 'Template 2 - criteria narrative'.</li> <li>A completed 'Template 4 – assessment strategy'.</li> <li>A completed 'Template 5 – module outcome map'.</li> <li>Narrative provided in support of the formal response process.</li> <li>The provider's 'Module Definition Forms (MDFs) for all modules running from years 1-3.'</li> </ul>

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	<ul style="list-style-type: none"> <li>• The provider’s ‘Assessment Strategy’.</li> <li>• The provider’s ‘Course specification for the BSc Dispensing Optician qualification’.</li> <li>• The provider’s ‘Mark Schemes’ for levels 4-6 of the qualification.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has clear assessment protocols.</li> </ul> <p>Although the information reviewed provided sufficient assurance that this standard is met, a recommendation has been set as the GOC considers that it will need to be reviewed to ensure the standard continues to be met.</p> <p>Possible areas of evidence that can be submitted, are (this list is non-exhaustive):</p> <ul style="list-style-type: none"> <li>• How assessment choice and design contribute to safe and effective practice.</li> </ul> <p>This will be monitored as part of ongoing quality assurance activity.</p>
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<b>Standard no.</b>	S3.7
<b>Standard description</b>	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.
<b>Status</b>	<b>NOT MET – a condition is set</b>
<b>Deadline</b>	Friday 26 April 2024
<b>Rationale</b>	<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"> <li>• A completed ‘Template 2 - criteria narrative’.</li> <li>• A completed ‘Template 4 – assessment strategy’.</li> <li>• A completed ‘Template 5 – module outcome map’.</li> <li>• Narrative provided in support of the formal response process.</li> <li>• The provider’s ‘Academic Calendar 2023/24’.</li> </ul> <p>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"> <li>• The provider’s assessment criteria and standard setting.</li> </ul> <p>Possible areas of evidence that can be submitted, are (this list is non-exhaustive):</p> <ul style="list-style-type: none"> <li>• The formal process whereby the expectations of supervision and learning needs are documented.</li> <li>• The procedure for setting appropriate module standards.</li> <li>• How assessments are set, in line with the principles of spiral curriculum.</li> </ul>

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	Although a <b>condition</b> has been set, the panel and executive note satisfactory evidencing of the provider’s assessment criteria for standard setting however further assurance is required regarding the procedure for appropriate standard setting, how assessments are set and how supervision and learning needs are documented.
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<b>Standard no.</b>	S3.14
<b>Standard description</b>	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.
<b>Status</b>	<b>MET – a recommendation is set</b>
<b>Deadline</b>	Response to the recommendation(s) set to be submitted in the 2023/24 annual monitoring submission.
<b>Rationale</b>	<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"> <li>• A completed ‘Template 2 - criteria narrative’.</li> <li>• Narrative provided in support of the formal response process.</li> <li>• The provider’s ‘Minutes from Stakeholder Meetings’.</li> <li>• The provider’s ‘Education Strategy 2018-22’.</li> <li>• The provider’s ‘BSc DO Student Handbook 2023’.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has clear and compressive guidance on their blended learning.</li> </ul> <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"> <li>• A formal process whereby both the academic and in practice support provided by the provider is documented, for example, within the BSc Dispensing Optician qualification handbook.</li> </ul>

<b>Standard no.</b>	S3.15
<b>Standard description</b>	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.
<b>Status</b>	<b>MET – no further action is required at this stage</b>
<b>Deadline</b>	Not applicable.

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<b>Rationale</b>	<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"> <li>• A completed 'Template 2 - criteria narrative'.</li> <li>• A completed 'Template 5 – module outcome map'.</li> <li>• The provider's 'Minutes from Stakeholder Meetings'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has appropriately integrated patient-facing learning into the qualification.</li> </ul>
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<b>Standard no.</b>	S3.16
<b>Standard description</b>	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.
<b>Status</b>	<b>MET – no further action is required at this stage</b>
<b>Deadline</b>	Not applicable.
<b>Rationale</b>	<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"> <li>• A completed 'Template 2 - criteria narrative'.</li> <li>• A completed 'Template 4 – assessment strategy'.</li> <li>• A completed 'Template 5 – module outcome map'.</li> <li>• Narrative provided in support of the formal response process.</li> <li>• The provider's 'Senate Code of Practice (Assessments)'.</li> <li>• The provider's 'Academic Regulations'.</li> <li>• The provider's 'Assessment Protocol'.</li> <li>• The provider's 'Rules, Regulations and Procedures for Students (23<sup>rd</sup> Edition)'.</li> <li>• The provider's 'Minutes from Stakeholder Meetings'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The types and range of assessment methods are appropriate to the approved qualification.</li> <li>• The provider has a comprehensive and clear assessment strategy.</li> <li>• The assessments lead to the awarding of an approved qualification.</li> </ul>

<b>Standard no.</b>	S3.17
<b>Standard description</b>	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
<b>Status</b>	<b>MET – no further action is required at this stage</b>

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<b>Deadline</b>	Not applicable.
<b>Rationale</b>	<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"> <li>• A completed 'Template 2 - criteria narrative'.</li> <li>• A completed 'Template 4 – assessment strategy'.</li> <li>• A completed 'Template 5 – module outcome map'.</li> <li>• The provider's 'Minutes from Stakeholder Meetings'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• Stakeholder feedback has adequately informed the design of the qualification.</li> <li>• The provider has engaged in a sufficient variety of stakeholder consultations.</li> </ul>

<b>Standard no.</b>	S3.19
<b>Standard description</b>	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.
<b>Status</b>	<b>MET – a recommendation is set</b>
<b>Deadline</b>	Response to the recommendation(s) set to be submitted in the 2023/24 annual monitoring submission.
<b>Rationale</b>	<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"> <li>• A completed 'Template 2 - criteria narrative'.</li> <li>• Narrative provided in support of the formal response process.</li> <li>• The provider's 'Access Participation Plan 2020-21'.</li> <li>• The provider's 'EDI Objectives 2021-2025'.</li> <li>• The provider's 'Race Equality Strategy 2021-2025'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has sufficiently demonstrated how the consideration and implementation of ED&amp;I in the design and delivery of the qualification.</li> </ul> <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>

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	<ul style="list-style-type: none"> <li>• A formal process whereby equality and diversity data will be routinely monitored and analysed.</li> <li>• How the collection and analysis of ED&amp;I data will be considered in the development of the qualification, for example, any actions or changes for future academic years.</li> </ul>
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<b>Standard no.</b>	S4.1
<b>Standard description</b>	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.
<b>Status</b>	<b>MET – no further action is required at this stage</b>
<b>Deadline</b>	Not applicable.
<b>Rationale</b>	<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"> <li>• A completed 'Template 2 - criteria narrative'.</li> <li>• The provider's 'Articles of Government'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider is an approved provider of higher education.</li> <li>• The provider is a legally incorporated higher education institution.</li> <li>• The provider has the authority and capability to deliver the qualification.</li> </ul>

<b>Standard no.</b>	S4.2
<b>Standard description</b>	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.
<b>Status</b>	<b>MET – no further action is required at this stage</b>
<b>Deadline</b>	Not applicable.
<b>Rationale</b>	<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"> <li>• A completed 'Template 2 - criteria narrative'.</li> <li>• The provider's 'Articles of Government'.</li> <li>• The provider's 'Constitution of the Academic Committee Structure'.</li> <li>• The provider's 'Senate Code of Practice (Curriculum Approval and Review)'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has clearly defined committees and roles, including governance expectations.</li> <li>• The provider has clear role appointments, lines of accountability and powers of delegation.</li> </ul>

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<b>Standard no.</b>	S4.4
<b>Standard description</b>	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.
<b>Status</b>	<b>MET – no further action is required at this stage</b>
<b>Deadline</b>	Not applicable.
<b>Rationale</b>	<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"> <li>• The provider’s Senate Code of Practice on Curriculum Approval and Review’.</li> <li>• The provider’s ‘Articles of Government’.</li> <li>• The provider’s ‘Academic Regulations’.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has clear ownership and responsibility of the award of the approved qualification.</li> </ul>

<b>Standard no.</b>	S4.5
<b>Standard description</b>	The provider of the approved qualification must have a named person who will be the primary point of contact for the GOC.
<b>Status</b>	<b>MET – no further action is required at this stage</b>
<b>Deadline</b>	Not applicable.
<b>Rationale</b>	<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"> <li>• A completed ‘Template 2 - criteria narrative’.</li> <li>• A completed ‘Form 2a - notification of proposed adaptation of programmes’.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has an appropriate named person for the qualification.</li> </ul>

<b>Standard no.</b>	S4.13
<b>Standard description</b>	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.
<b>Status</b>	<b>MET – no further action is required at this stage</b>
<b>Deadline</b>	Not applicable.
<b>Rationale</b>	<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>

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	<ul style="list-style-type: none"> <li>• A completed 'Template 2 - criteria narrative'.</li> <li>• A completed 'Form 2a - notification of proposed adaptation of programmes' that details the qualification's key risks and mitigations.</li> <li>• The provider's 'Senate Code of Practice (Curriculum Approval and Review)'.</li> <li>• The provider's 'Risk Appetite 2021'.</li> <li>• The provider's 'Register of Interests Form 2022-23'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has various robust mechanisms and processes for identifying and managing risks.</li> <li>• The provider has robust mechanisms and processes for identifying and managing conflicts of interests.</li> <li>• The provider has a formal process for staff and students to raise and escalate concerns.</li> </ul>
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<b>Standard no.</b>	S5.1
<b>Standard description</b>	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.
<b>Status</b>	<b>MET – no further action is required at this stage</b>
<b>Deadline</b>	Not applicable.
<b>Rationale</b>	<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"> <li>• A completed 'Template 2 - criteria narrative'.</li> <li>• The provider's staffing list for the qualification.</li> <li>• The provider's 'Academic Workload Balancing Model May 2022'.</li> <li>• The provider's 'Risk Appetite 2021' document.</li> <li>• The provider's 'Staff Grievance Procedure'.</li> <li>• The provider's 'Vision and Hearing Sciences Discipline Meeting Agenda'.</li> <li>• The provider's 'Module Evaluation Survey (MES) Guide'.</li> <li>• The provider's 'Whistleblowing Policy'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The qualification has appropriately qualified and experienced staff members.</li> <li>• The qualification is appropriately resourced.</li> </ul>

<b>Standard no.</b>	S5.2
<b>Standard description</b>	There must be sufficient and appropriately qualified and experienced staff to teach and assess the outcomes. These must include:

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	<ul style="list-style-type: none"> <li>• an appropriately qualified and experienced programme leader, supported to succeed in their role;</li> <li>• sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals;</li> <li>• sufficient supervision of students' learning in practice by GOC registrants who are appropriately trained and supported in their role; and</li> <li>• an appropriate student:staff ratio (SSR), which must be benchmarked to comparable provision.</li> </ul>
<b>Status</b>	<b>MET – no further action is required at this stage</b>
<b>Deadline</b>	Not applicable.
<b>Rationale</b>	<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"> <li>• A completed 'Template 2 - criteria narrative'.</li> <li>• The provider's staffing list for the qualification.</li> <li>• The provider's 'Academic Workload Balancing Model May 2022'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The qualification has clear and adequate leadership.</li> <li>• There is an appropriate range and number of staff to deliver the qualification.</li> <li>• There is a sufficient number of registrant/specialist staff members to deliver the qualification.</li> <li>• There is an appropriately benchmarked SSR.</li> </ul>

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