

<b>The College of Optometrists</b>
<b>GOC FULL APPROVAL QUALITY ASSURANCE VISIT</b>
<b>The Scheme for Registration</b>
<b>9 and 10 May 2023</b>

<b>Report confirmed by GOC</b>	2 August 2023
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# PART 1 – VISIT DETAILS

1.2 Programme details	
<b>Programme title</b>	Scheme for Registration (SfR) for Optometry
<b>Programme description</b>	<ul style="list-style-type: none"> <li>• The College of Optometrists' Scheme for Registration is a pre-registration programme that students who have successfully graduated with the requisite qualification undertake.</li> <li>• The SfR manages all aspects of the achievement of GOC Stage 2 Core Competencies and Patient experience for Optometry, and is a period of supervised training and assessment.</li> <li>• The College is responsible for the operation of the Scheme which includes practice-based learning and assessment as well as the final assessment at the College's examination centre that leads successful trainees to be eligible to register with the GOC as fully qualified optometrists.</li> <li>• The Scheme provides a period of supervised practice during which time trainees acquire patient experience and undertake assessments in practice (Stage 1 and Stage 2 assessments, both covering GOC Stage 2 competencies) and at the College's examination centre (OSCE).</li> </ul>
<b>Approval status</b>	Fully approved (FA)
<b>Approved student numbers</b>	There is no approved student cohort number for this programme, due to its nature.

1.3 GOC Education Visitor Panel (EVP)	
<b>Chair</b>	<ul style="list-style-type: none"> <li>• Carl Stychin, Lay Chair.</li> </ul>
<b>Visitors</b>	<ul style="list-style-type: none"> <li>• Brendan Barrett, Optometrist.</li> <li>• Brian McCotter, Optometrist.</li> <li>• Gail Fleming, Lay Member.</li> <li>• Mark Chatham, Dispensing Optician.</li> </ul>
<b>GOC representative</b>	<ul style="list-style-type: none"> <li>• Shaun de Riggs, Approval and Quality Assurance Officer.</li> </ul>

1.4 Purpose of the visit	
<b>Visit type</b>	FULL APPROVAL QUALITY ASSURANCE VISIT
<p>The purpose of this full quality assurance visit was to:</p> <ul style="list-style-type: none"> <li>• review The College of Optometrists <i>Scheme for Registration (SfR)</i> programme (the 'programme') to ensure it meets the requirements as listed in the GOC's <i>Optometry Handbook 2015</i> (the 'handbook') and the <i>GOC Education A&amp;QA-Supplementary Documents-List of Requirements (Optometry Specific Requirements)</i>.</li> </ul>	

- consider whether the programme sufficiently meets the GOC's requirements for it to continue to be granted full approval.
- consider themes of concerns raised to the GOC by trainees regarding the SfR.

The structure took place between March and May 2023, and included:

- observation of Stage 1 and Stage 2 assessments;
- observation of OSCE examinations;
- surveys from students, assessors, and supervisors (online);
- observation of final assessment panel (April 2023); and
- head office (May 2023), including meetings with College staff, senior management, external examiner and senior external assessors.

The GOC also requested that the College of Optometrists provided an update on the conditions set and recommendations provided at the last visit in 2018, and any further/future developments.

<b>1.5 Programme history</b>		
Date	Event type	Overview
August 2018	Visit	Full quality assurance visit, resulting in five conditions and three recommendations.
01/05/2019	Other	Notification regarding conditions
06/11/2020	Change	Staffing change
08/04/2021	Change	COVID temporary changes extension – noted.
29/09/2021	Event	Staffing change
30/05/2022	Change	Examination Panel becomes Appeals Panel, and Disciplinary panel introduced to deal with matters of misconduct. Appeals Review Panel introduced as a second stage for both the Appeals Panel and the Disciplinary Panel.
10/06/2022	Event	Governance event occurred – noted.
31/03/2023	Change	Introduction of new enrolment requirements – noted.

## PART 2 – VISIT SUMMARY

2.1 Visit outcomes	
The panel recommended that the full approval of The College of Optometrists <i>Scheme for Registration (Optometry)</i> should be continued. The panel set two conditions, provided two recommendations, and offered one commendation.	
Summary of recommendations to the GOC	
<b>Previous conditions</b>	<b>All</b> five previous conditions are <b>met</b> . (See section 2.2)
<b>New conditions</b>	<b>Two</b> requirements are <b>unmet</b> , resulting in <b>two</b> conditions being set. (See Part 3).
<b>New recommendations</b>	<b>Two</b> recommendations are offered. (See Part 3).
<b>Commendations</b>	<b>One</b> commendation is offered. (See Part 3).
<b>Student numbers</b>	The numbers below reflect the trainees who were enrolled on the Scheme for Registration between 1/9/21 and 31/8/22. <ul style="list-style-type: none"> <li>• Number of students admitted - 1066</li> <li>• Number of UK (Home) students admitted - 1017</li> <li>• Number of international students admitted - 49</li> </ul>
<b>Approval/next visit</b>	By May 2028.
<b>Factors to consider when scheduling next visit</b>	As qualifications are adapting, it may be prudent to bring the visit forward to review the 'wind down' of the SfR.

2.2 Previous conditions		
The conditions listed below are extracted from the report of Click or tap to enter a date.		
Requirement number	Condition number and description	Status
OP3.10	CON/COO/OP/18/C001: The College must produce a more comprehensive trainee complaints policy for non-assessment related issues.	<b>MET</b> (prior to the visit).
OP5.6 OP5.7	CON/COO/OP/18/C002: The College must extend the remit of the Assessment Panel (or constitute an alternative board) to include scrutiny of overall candidate performance within and between OSCE diets.	<b>MET</b> (prior to the visit).
OP1.7 OP1.9 OP1.10 OP4.5 OP5.1	CON/COO/OP/18/C003: Robust mechanisms must be in place for gathering feedback from a range of stakeholders including trainees, employers, and supervisors.	<b>MET</b> (prior to the visit).
OP2.1	CON/COO/OP/18/C004:	<b>MET</b> (prior to the visit).

	Mechanisms must be put in place to provide evidence of adequate facilities, equipment, and resources in work placement practices.	
OP3.3	CON/COO/OP/18/C005: The College must ensure that temporary supervisors meet the requirements set out in Appendix I of the Optometry handbook to 'have at least two years post qualification practical experience'.	<b>MET</b> (prior to the visit).

<b>2.3 Previous recommendations</b>	
The recommendations listed below are extracted from the report of August 2018	
<b>Description</b>	<b>Comments</b>
The College should focus on capturing data on the achievement of patient episodes on a visit-by-visit basis rather than cumulatively.	During the visit, the provider demonstrated the operation of the trainee logbook. The provider is now able to track a trainee's progress through the scheme using its Microsoft Dynamics database. Patient episodes are discussed during each visit by an assessor. The panel considered that this recommendation had been met within the programme.
The College should improve the documentation on which trainees capture their patient experience by providing opportunities for reflection and critical thinking to be recorded.	There was sufficient evidence to suggest that this recommendation had been implemented. Trainees are expected to engage in reflection in their logbooks, which is then reviewed. Trainees are also asked to provide reflective accounts as part of their evidence at Stage One.
The College should implement mechanisms for the review and development of the overall Scheme, to include for example: <ul style="list-style-type: none"> <li>● utilisation of feedback from stakeholders.</li> <li>● areas of failure/weakness identified in the trainee analysis report.</li> <li>● analysis of progression data throughout the entire Scheme.</li> <li>● analysis of developments in the profession.</li> </ul>	Some progress had been made on implementing mechanisms for review and development of the Scheme. For example, trainee performance (in particular against the temporary changes made to address the challenges of the pandemic).  Please see conditions and recommendations set from this visit (section 3) which outline further areas to develop.

## 2.4 Non-applicable requirements

The EVP recommends that some requirements be deemed non-applicable to this provider due to the route to registration pathway, as explained in the programme description (section 1.2).

The following are deemed to be non-applicable:

A1.3	Provisional approval must be in place prior to advertising the qualification and recruiting the first cohort of students.
A3.1	Providers must have a robust RPL/APL policy and associated procedures in place, which are quality assured and align with GOC policy
A5.3	Students who gain sufficient academic credits to receive an award but do not meet the professional requirements must receive an alternative award to that approved by the GOC. The alternative award must not use the protected title of optometry/dispensing optician.
A6.3	Providers must inform the GOC of any planned or actual changes to the approved student intake numbers of more or less than 10% and provide a rationale to include plans to be put in place so that GOC standards and requirements will continue to be met.
OP1.1	A variety of teaching and learning methods must be used to deliver the learning outcomes.
OP1.5	Teaching and learning must incorporate a range of contemporary practices relevant to the needs of the discipline, the needs of students (incorporating new developments in educational technology) and to the future demands of primary and secondary healthcare.
OP1.6	Students must have access to opportunities for multi-disciplinary learning and to understand their role within the wider healthcare team.
OP1.8	Learning support services in academic and practice settings (including dedicated support for the induction of international students, students with disabilities and other learning support services) must be provided.
OP2.3	Programme resourcing must be determined in accordance with the resource allocation model.
OP2.5	The balance of full time, part time, hourly paid, technical and administrative staff must be supported by a clear rationale.
OP2.9	There must be a minimum of four full time GOC-registered optometrists in post to include the leadership post.
OP2.12	The provider must ensure that the patient base is relative to the student cohort size and is of a sufficient volume and range to deliver the required level of experience as specified in the GOC Core Competencies and patient experience requirements.
OP2.14	There must be a 17:1 student:staff ratio. The net ratio must include both full time and part time hourly paid staff.
OP2.15	At least 50% of the total staff must be clinically qualified and professionally registered. (This ratio can include dispensing opticians, ophthalmologists and orthoptists but it is expected that optometrists will make up the majority.)

OP2.16	The number of part time hourly staff must not exceed 30% of the total staff numbers.
OP2.17	There must be at least one dedicated, suitably qualified and experienced technician in post to support the needs of the optometry programme.
OP3.4	Supervisors must be provided with and apply agreed criteria when determining whether an episode is safe.
OP6.7	Students must demonstrate that they have achieved a Certificate of Clinical Competence at Stage 1 in order to begin their external supervised pre-registration placement.
OP6.8	Students must have been taught and assessed as competent against each of the Stage 1 GOC Core Competencies.
OP6.9	Students must acquire the minimum amount of real patient experience with each patient group as per the competencies and patient experience requirements.
OP6.10	Students must hold certified portfolios containing a record of both their patient experience and achievement of all core competency elements.
OP6.11	The portfolio must include evidence of how and when each individual element of competence was achieved by the individual student.
OP6.12	The portfolio must contain a case record for each individual patient episode contributing to the minimum requirements.
OP6.13	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.

### 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.

<b>OP5.3</b>	At least two external examiners must be appointed who are suitably experienced and qualified (at least one must be optometrically qualified).
<b>Condition 1</b>	<b>To ensure that at least one additional, suitably experienced and qualified, External Examiner is appointed.</b>
<b>Date due</b>	1 October 2023.
<b>Rationale</b>	The College confirmed that the SfR has one External Examiner. Therefore, this requirement is deemed as unmet.

<b>OP5.4</b>	The external examiners' remit must include all the professional requirements of the programme including any clinical portfolios.
<b>Condition 2</b>	<b>The external examiners' remit must include all the professional requirements of the programme including any clinical portfolios.</b>
<b>Date due</b>	1 October 2023.
<b>Rationale</b>	The Panel heard that External Examiner's remit is focused on OSCEs, therefore work based assessments do not fall within the EE's remit, for which their expertise could be beneficial.

### 3.2 Recommendations offered at this visit

The EVP offers the following recommendations to the provider.

<b>OP1.9</b>	Staff must have the capacity to respond to student enquiries, provide feedback and support in a timely manner.
<b>Op1.10</b>	Students must have access to mechanisms to provide feedback and raise concerns.
<b>Recommendation 1</b>	<b>The College to review its policies and practices in relation to enquiries, complaints, feedback and raising concerns in order to ensure coherence, comprehensive recording, and systems of complaint management.</b>
<b>Rationale</b>	The provider has policies and processes in place by which trainees can complain, provide feedback, and raise concerns. The panel also heard details regarding how issues that are raised are actioned.  However, the policy for handling enquiries and complaints does not seem to fully align to the actual practice. There appear to be various

	<p>ways that complaints and enquiries are managed, including confusion about whether they are considered informal or formal.</p> <p>In addition, there was evidence to suggest that staff had not always been able to respond to student enquiries in a timely manner and that communication could be improved.</p> <p>The panel welcomed the significant work that is currently being undertaken by the provider to improve its systems.</p> <p>The panel therefore concluded that, whilst the GOC requirements appear to be met, the provider should review its associated policies and processes to clarify how the different policies and processes operate and interact, and subsequently improve the complaint management systems.</p>
<p><b>OP3.9</b></p> <p><b>OP3.10</b></p>	<p>Students must be clearly informed of their individual rights and responsibilities in the clinic environment.</p> <p>Students must be provided with clear and comprehensive information about the complaints process and how to report a concern regarding the practice-based learning to the provider.</p>
<p><b>Recommendation 2</b></p>	<p><b>The College to ensure that it is made clear to assessors that trainees should be advised by them that they have the right to complain and/or raise concerns regarding their supervisor or employer, by reference to the Members Code of Conduct.</b></p> <p><b>Assessors should signpost trainees where required to the relevant Code.</b></p>
<p><b>Rationale</b></p>	<p>The provider has policies and processes in place setting out trainees' individual rights and responsibilities in practice.</p> <p>However, there appeared to be a lack of clarity regarding how a trainee could complain or raise concerns about a supervisor or an employer, particularly if those concerns could constitute a breach of the College's Members Code of Conduct. This confusion could potentially put trainee welfare at risk.</p> <p>When deciding whether this should be a recommendation or a condition, the Panel reflected on the fact that trainees are informed of their individual rights and responsibilities in the clinic environment (see <i>Scheme for Registration Regulations; Scheme for Registration Terms and Conditions</i>) and can access the relevant complaints policies and processes. In addition, there was evidence that assessors did try to offer support to students in relation to their supervisors. However, this support could be formalised and avenues for raising concerns made more explicit, including the role of assessors in supporting and signposting trainees to the relevant information.</p>

### **3.3 Commendations made at this visit**

The Panel wishes to commend the detailed and robust quality assurance for the OSCEs, including the Final Assessment Panel meeting.