

<b>Cardiff University</b>
<b>Report of the outcomes of the adaptation to the GOC education &amp; training requirements</b>
<b>Master in Optometry (MOptom)</b>
<b>CAR-OP1-ETR</b>
<b>Report confirmed by GOC 19 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 Cardiff University’s (provider) adapted Master in Optometry (MOptom) 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 include the formal response process).
- Any action Cardiff 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	
<b>Centre name(s)</b>	Not applicable.

2.3 EXTERNAL PARTNERS DELIVERING AND/OR MANAGING AREAS OF THE QUALIFICATION
As part of the qualification, the College of Optometrists (CoO) will be delivering the Clinical Learning in Practice (CLiP) scheme.

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## SECTION THREE – QUALIFICATION DETAILS

<b>3.1 QUALIFICATION DETAILS</b>	
<b>Qualification title</b>	Master in Optometry (MOptom)
<b>Qualification level</b>	Level seven (Credit and Qualifications Framework Wales [CQFW])
<b>Duration of qualification</b>	<ul style="list-style-type: none"> <li>• Master in Optometry (MOptom) – four years</li> <li>• Master in Optometry (MOptom) with preliminary year – five years</li> </ul>
<b>Number of cohorts per academic year</b>	<ul style="list-style-type: none"> <li>• Master in Optometry (MOptom) – one</li> <li>• Master in Optometry (MOptom) with preliminary year – one</li> </ul>
<b>Month(s) of student intake</b>	September
<b>Delivery method(s)</b>	Face to Face
<b>Alternative exit award(s)</b>	<ul style="list-style-type: none"> <li>• Year one – Institutional credit (Certificate in Higher Education)</li> <li>• Year two – Institutional credit (Diploma in Higher Education)</li> <li>• Year three – BSc Ophthalmic and Vision Sciences</li> </ul>
<b>Total number of students per cohort</b>	115

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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 Master in Optometry (MOptom) qualification 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>• Professor Carl Stychin – Lay Chair</li> <li>• Professor Brendan Barrett – Optometrist member</li> <li>• Dr David Hill – Optometrist and Independent Prescribing Optometrist member</li> <li>• Julie Hughes – Dispensing Optician and Contact Lens Optician</li> <li>• Sarah Fishburn – Lay member</li> </ul>

4.3 SUMMARY OF CONDITIONS AND RECOMMENDATIONS	
Conditions	The qualification has been set <b>two</b> conditions against the following standards: <ul style="list-style-type: none"> <li>• S3.7</li> <li>• S3.19</li> </ul>
Recommendations	The qualification has been set <b>three</b> recommendations against the following standards: <ul style="list-style-type: none"> <li>• S2.1</li> <li>• S3.4</li> <li>• S4.4</li> </ul>
<p><b>Commentary against all of the standards reviewed are set out in section 4.4.</b></p> <p>The qualification will remain subject to the GOC’s quality assurance and enhancement methods (QAEM) on an ongoing basis.</p>	

4.4 STANDARDS OVERVIEW	
<p>The standards reviewed as part of the adaptation process for approved qualifications (as outlined in Form 2a or in the Adaptation Form*) are listed below along with the outcomes, statuses, actions, and any relevant deadlines. Actions may include the following:</p> <ul style="list-style-type: none"> <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</li> </ul>	

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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.

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

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

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

Further details on the evidence that the provider was required to complete or submit as part of the education and training requirements (ETR) adaptation process can be found 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 – 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 ‘Admissions Regulations’.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has appropriate entry and admissions criteria.</li> </ul> <p>Although the information reviewed provided sufficient assurance that this standard is met, a <b>recommendation</b> 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>• Examples of how students who commenced the qualification with an overall IELTS score lower than 7 will be monitored.</li> </ul>
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<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 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>• The provider’s ‘Recognition of Prior Learning and Recognition of Prior Experiential Learning Policy’ and process.</li> <li>• A completed ‘Template 2 - criteria narrative’.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has an appropriate recognition of prior learning policy which is applied consistently and fairly.</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>• Narrative provided in support of the formal response process.</li> <li>• Academic Regulations Handbook.</li> <li>• Marking, assessment and examination policies.</li> </ul>

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	<ul style="list-style-type: none"> <li>The provider's 'External Examiner Policy'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>The provider has an appropriate and consistent assessment strategy mapped against learning outcomes.</li> <li>The provider's clear appeals, complaints and misconduct policies and procedures.</li> </ul>
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<b>Standard no.</b>	S3.3
<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>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 Master in Optometry (MOptom) programme specification.</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 variety of stakeholder consultations.</li> <li>The provider has implemented mechanisms for recording and monitoring of the required range and number of patient types.</li> <li>The qualification increases in complexity and volume as students progress.</li> <li>The provider offers interprofessional learning through a variety of settings.</li> </ul> <p>This will be monitored as part of ongoing quality assurance activity.</p>

<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

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	students must be appropriately trained and supported, including in equality and diversity.
<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 'External Examiner Policy' and 'External Examiner's Handbook'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has implemented appropriate staff training, including performance development reviews.</li> <li>• The provider has implemented support and training for service users, assessors, teaching staff and supervisors.</li> <li>• Service users are involved within the delivery of the qualification.</li> </ul> <p>Although the information reviewed provided sufficient assurance that this standard is met, a <b>recommendation</b> 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>• How Cardiff University is committed to ongoing stakeholder engagement, for example, how and where they have supported with the curriculum design, delivery, and assessment of outcomes.</li> <li>• How the training and support of service users has been enhanced to expand patient involvement in the qualification.</li> </ul> <p>This is not considered to present a risk at present but will be monitored as part of ongoing quality assurance activity.</p>

<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>

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	<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 Regulations Handbook'.</li> <li>• The provider's marking, assessment, and examination policies.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has implemented appropriate re-sit opportunities within, and between, modules.</li> <li>• The provider has a clear progression process including confirmation that students cannot progress until all module learning outcomes have been completed.</li> </ul> <p>This will be monitored as part of ongoing quality assurance activity.</p>
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<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 – 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 reasonable adjustments procedure.</li> <li>• The provider's 'Supervisor Handbook'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has a clear process for managing safe and effective practise.</li> <li>• The provider has implemented appropriate supervisor and assessor training.</li> </ul> <p>This will be monitored as part of ongoing quality assurance activity.</p>

<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

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	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>	Tuesday 03 September 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> </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>• Explicit assessment criteria</li> <li>• Explicit attainment levels for students progressing into Year 3 of the Master in Optometry (MOptom).</li> <li>• Criteria to determine how decisions are made on student progression to Year 3 of the Master in Optometry (MOptom).</li> <li>• Cardiff University's quality assurance mechanisms for overseeing the College of Optometrist's Clinical Learning in Practice (CLiP) scheme.</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>• Assessment criteria including lowest pass standard.</li> <li>• Attainment levels for students progressing into Year 3 of the Master in Optometry (MOptom).</li> <li>• Examples of the university's quality assurance of the College of Optometrist's Clinical Learning in Practice (CLiP) scheme, for example, assurance that placements will be sufficiently sourced.</li> <li>• Examples of how the university will blueprint and set standards of assessments.</li> </ul> <p>Although a <b>condition</b> has been set, the executive note Cardiff University has made it clear within their formal response to the noting of the Master in Optometry (MOptom) qualification, that it is their intention to submit the outstanding assessment and attainment information once available to ensure this standard is met.</p>

<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 – 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>• The provider's 'Blended Learning Guidance'.</li> <li>• The Clinical Learning in Practice (CLiP) module descriptors.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has clear guidance for blended learning and teaching.</li> <li>• The provider has a clear variety of assessment types.</li> <li>• The provider has clear teaching and learning approaches.</li> <li>• The provider has engaged in a variety of stakeholder consultations.</li> </ul> <p>This will be monitored as part of ongoing quality assurance activity.</p>

<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.
<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 Clinical Learning in Practice (CLiP) module descriptors.</li> <li>• College of Optometrists Clinical Learning in Practice (CLiP) handbook.</li> <li>• Draft copy of the partnership agreement between the College of Optometrists and Cardiff University.</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.</li> </ul>

<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>	The evidence reviewed provided the necessary assurance that this standard is MET.

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	<p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> <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 assessment mapping to Miller's Pyramid.</li> <li>• The provider's assessment alignment to SPOKE guidance.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has integrated the Clinical Learning in Practice (CLiP) placements into the qualification.</li> </ul> <p>This will be monitored as part of ongoing quality assurance activity.</p>
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<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>
<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> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• A range of stakeholders have informed assessments and learning and experience in practice.</li> <li>• The provider has engaged in a 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>NOT MET – a condition is set</b>
<b>Deadline</b>	Tuesday 03 September 2024

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<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>• Narrative provided in support of the formal response process.</li> <li>• The provider's 'Strategic Equality Plan'.</li> <li>• The provider's 'Equality and Diversity Policy'.</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 process for collecting equality and diversity data at school/qualification level.</li> <li>• Where the collection and analysis of ED&amp;I data has informed the design of the qualification.</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>• How the provider routinely monitors and analyses equality and diversity data, for example, through a school or qualification-specific formal process.</li> <li>• How the provider's collection of ED&amp;I data has been considered in the design of the qualification, for example, any actions or changes considered and/or made for the next academic year.</li> <li>• The provider's reflections of the School's ED&amp;I committee meetings, for example, meeting minutes.</li> </ul> <p>Although a <b>condition</b> has been set, the panel and executive note the progress Cardiff University has made towards meeting this standard and its commitment to equality, diversity, and inclusion.</p>
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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 'Cardiff University Statutes 2022'.</li> <li>• The 'Cardiff University Ordinances 2022'.</li> <li>• The provider's 'Charter, Statutes and Ordinances' webpage.</li> <li>• GOC quality assurance visit report (October 2017).</li> </ul>

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	<p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has clear awarding powers and is a legally incorporated higher education institution.</li> <li>• The provider has GOC-approval.</li> </ul>
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<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 'Cardiff University Statutes 2022'.</li> <li>• The 'Cardiff University Ordinances 2022'.</li> <li>• The provider's 'Charter, Statutes and Ordinances' webpage.</li> <li>• The provider's 'Whistleblowing Policy'.</li> <li>• The provider's 'Monitoring and Review Policy'.</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 and powers of delegation.</li> </ul>

<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 – a recommendation is set</b>
<b>Deadline</b>	Response to the recommendation to be submitted Monday 25 March 2024.
<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 draft partnership agreement between Cardiff University and the College of Optometrists.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p>

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	<ul style="list-style-type: none"> <li>• There is a robust framework supporting the relationship between the provider and the College of Optometrists.</li> </ul> <p>Although the information reviewed provided sufficient assurance that this standard is met, a <b>recommendation</b> 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>• Confirmation of agreement of delegation of roles and responsibilities between Cardiff University and the College of Optometrists through the finalised and signed partnership agreement between Cardiff University and the College of Optometrists.</li> </ul> <p>This is not considered to present a risk at present but will be monitored as part of ongoing quality assurance activity. The panel and executive recognise how Cardiff University is committed in meeting this standard through the submission of a draft version of the partnership agreement but do require a copy of the signed and finalised version.</p>
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<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>• Narrative provided in support of the formal response process.</li> <li>• The provider's 'Risk Management Policy'.</li> <li>• The provider's 'Monitoring and Review Policy'.</li> <li>• The provider's 'Academic Feedback Policy' and guidance.</li> <li>• The provider's 'Module Evaluation Policy'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has a clear process for raising and managing conflicts of interest.</li> <li>• The provider has a clear process for the review of its risk register.</li> <li>• The provider's quality assurance mechanisms.</li> </ul> <p>This will be monitored as part of ongoing quality assurance activity.</p>
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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 'Workload Modelling Policy'.</li> <li>• The provider's staffing list for the qualification.</li> <li>• Academic staff CV for the qualification.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has a systematic approach to academic workload allocation.</li> <li>• The provider has clear budget control to maintain resources and facilities as necessary.</li> <li>• The provider has appropriate facilities and physical resources.</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: <ul style="list-style-type: none"> <li>• an appropriately qualified and experienced programme leader, supported to succeed in their role;</li> </ul>

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	<ul style="list-style-type: none"> <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>• Academic staff CV for the qualification.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The qualification has 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> </ul>

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