

<b>Anglia Ruskin University</b>
<b>GOC FULL APPROVAL QUALITY ASSURANCE VISIT</b>
<b>BSc (Hons) Ophthalmic Dispensing</b>
<b>12 and 13 October 2022</b>

<b>Report confirmed by GOC</b>	05 April 2023
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# PART 1 – VISIT DETAILS

1.2 Programme details	
<b>Programme title</b>	BSc (Hons) Ophthalmic Dispensing.
<b>Programme description</b>	<ul style="list-style-type: none"> <li>• Full time.</li> <li>• Three years.</li> <li>• On campus lectures, seminars, and workshops (delivered online during the COVID19 pandemic).</li> <li>• The final year and pre-registration period prepares students for the Association of British Dispensing Opticians (ABDO) final practical examinations in order to enter onto the General Optical Council (GOC) Register.</li> </ul>
<b>Current approval status</b>	Fully approved (FA)
<b>Approved student numbers</b>	40 students per cohort.

1.3 GOC Education Visitor Panel (EVP)	
<b>Chair</b>	<ul style="list-style-type: none"> <li>• Alan Kershaw, Lay Chair.</li> </ul>
<b>Visitors</b>	<ul style="list-style-type: none"> <li>• Graeme Stevenson, Dispensing Optician and Contact Lens Optician.</li> <li>• Gail Fleming, Lay Member.</li> <li>• Mark Chatham, Dispensing Optician and Contact Lens Optician.</li> <li>• Janice McCrudden, Optometrist and Independent Prescribing.</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> <ol style="list-style-type: none"> <li>1. review Anglia Ruskin University's BSc (Hons) Ophthalmic Dispensing programme (the 'programme') to ensure it meets the requirements as listed in the GOC's <i>Dispensing Handbook 2011</i> (the 'handbook') and the <i>GOC Education A&amp;QA-Supplementary Documents-List of Requirements</i> (Ophthalmic Dispensing Specific Requirements).</li> <li>2. consider whether the programme sufficiently meets the GOC's requirements for it to be granted continued full approval and make a recommendation to the executive on approval status.</li> <li>3. review the measures being undertaken by Anglia Ruskin University (ARU) in effectively closing this programme and supporting students through this closure (please see 1.5 of this report for the programme's history).</li> </ol>	

This visit was held remotely.

## 1.5 Programme history

Date	Event type	Overview
07/12/2017	Visit	Two-day GOC full quality assurance visit. The Panel recommended that full approval of the programme should continue, setting one condition and two recommendations.
22/03/2021	Administration	The university informed the GOC that the internal application for closure of the programme had been confirmed. ARU advised that it would cease running the course (due to a steady decline in student numbers over the last few years) for new students, with its last intake taking place in September 2021.
03/11/2021	Visit	Two-day GOC full quality assurance visit. The Panel recommended that full approval of the programme should continue, setting three conditions, providing four recommendations, and offering two commendations.

## PART 2 – VISIT SUMMARY

2.1 Visit outcomes	
<p>The Panel recommended that the full approval of ARU’s BSc (Hons) Ophthalmic Dispensing programme should be continued. The Panel set one condition, provided one recommendation, and offered one commendation to the programme.</p> <p>The Panel deemed that the next visit to the programme should be a physical visit, taking place by November 2023. This is to enable the review of the teaching arrangements for the programme, the progress made towards closure of the programme, and for the Panel to meet with programme team staff members and students across all cohorts on the programme.</p>	
Summary of recommendations to the GOC	
<b>Previous conditions</b>	<p>The Panel recommends that:</p> <ul style="list-style-type: none"> <li>• <b>Two</b> conditions are <b>MET</b>.</li> <li>• <b>One</b> requirement is <b>UNMET</b>.</li> </ul> <p>Further details are set out in <b>Part 3</b>.</p>
<b>New conditions</b>	<p>The Panel recommends that:</p> <ul style="list-style-type: none"> <li>• <b>One</b> requirement is deemed as <b>UNMET</b>; and so <b>one condition</b> is set.</li> </ul> <p>Further details are set out in <b>Part 3</b>.</p>
<b>New recommendations</b>	<p>The Panel recommends that</p> <ul style="list-style-type: none"> <li>• <b>One</b> recommendation is offered.</li> </ul> <p>Further details are set out in <b>Part 3</b>.</p>
<b>Commendations</b>	<p>The Panel offers <b>one</b> commendation.</p> <p>Further details are set out in <b>Part 3</b>.</p>
<b>Actual student numbers</b>	<p><b>2022/23</b></p> <p>Year One – N/A.</p> <p>Year Two – 1 student.</p> <p>Year Three – 12 students.</p>
<b>Approval/next visit</b>	<p>By November 2023.</p>
<b>Factors to consider when scheduling next visit e.g., when students are in, hospital, audit etc.</b>	<ul style="list-style-type: none"> <li>• An update on the teaching arrangements for the programme.</li> <li>• An update on the progress made towards closure of the course.</li> <li>• The next visit should be a physical visit, so that the Panel can meet with programme team staff members and students across all cohorts on the programme.</li> </ul>

## 2.2 Previous conditions

The conditions listed below are extracted from the report of 3 and 4 November 2021.

Requirement number	Condition number and description	Status
D3.8	1. The EVP require the submission of a written protocol for supervision of practical patient contact.	Based on the Panel not having sight of a written protocol for the supervision of practical patient contact within the pre-visit documentation and subsequent to discussions with ARU during meetings at this visit, the panel deemed that this condition was <b>UNMET</b> .
D4.1	2. The EVP require submission of an assessment strategy for any students in the retake cohort, and in the final stages of the programme.	Based on the pre-visit documentation that was provided to the GOC and subsequently reviewed by the Panel, and subsequent to discussions with ARU during meetings at this visit, the panel deemed that this condition had been <b>MET</b> .
D5.1	3. A robust quality assurance framework (e.g., a programme committee, staff/ student committee, formal board of examiners, quinquennial review process etc) must be in place.	Based on the pre-visit documentation that was provided to the GOC and subsequently reviewed by the Panel, and subsequent to discussions with ARU and programme students during meetings at this visit, the panel deemed that this condition had been <b>MET</b> .

## 2.3 Previous recommendations

The recommendations listed below are extracted from the report of 3 and 4 November 2021.

Description	Comments
1. To devise a protocol by which students identify themselves as a student dispensing optician when in contact with patients in the university clinic setting.	The Panel did not identify any issues of concern regarding this recommendation at this visit.
2. To communicate directly with the external examiners regarding the close out of the programme.	The Panel did not identify any issues of concern regarding this recommendation at this visit.
3. To develop and implement a communication strategy for students in respect of the closure of the programme.	The Panel did not identify any issues of concern regarding this recommendation at this visit.
4. Full consideration of the implications of programme closure to be documented in the submission of the risk register component of the annual monitoring submission to the GOC.	The Panel did not identify any issues of concern regarding this recommendation at this visit.

<b>2.4 Non-applicable requirements</b>	
Some requirements are not applicable to the programme at this stage due to its structure and level and the differing, but overlapping, roles and responsibilities of ABDO Examinations. For example: ABDO Examinations is responsible for the supervised practice and ensuring all the elements of portfolio are completed under supervision.	
<b>D1.2</b>	The programme must include a period of supervised practice-based learning (PBL), evidenced by a reflective portfolio.
<b>D3.3</b>	A record of practical work, PBL and reflective learning achieved must be kept in a portfolio that links theory and practice throughout the route to registration.
<b>D3.4</b>	Competency-based assessments must be carried out at suitable junctures throughout the training. The portfolio must contain a record of patient experience and the achievement of all competency elements.
<b>D3.9</b>	Appropriate contractual arrangements for student placements must be in place.
<b>D3.10</b>	Students, regardless of mode of training, must complete a period of supervised pre-qualification experience amounting to no fewer than 1600 hours, in order to register as a qualified dispensing optician.
<b>D3.11</b>	A set of defined tasks must be successfully undertaken and evidenced with detailed case records presented in the portfolio (see relevant competencies and patient experience requirements).
<b>D3.12</b>	A record must be kept of the full evidence of the dispensing experience gained so as to demonstrate that the required total numbers of frame fittings, adjustments and verification of spectacles have been completed at the appropriate stage in the training programme.
<b>D3.13</b>	The students' practical experience and PBL must include access to unselected patients with a wide range of ages, ocular conditions and refractive status.
<b>D3.14</b>	The students' practical experience and PBL must contain instruction, demonstration and supervision by experienced registered practitioners in general and specialist practice settings.
<b>D3.15</b>	The students' practical experience and PBL must contain small group practical instruction which incorporates student observation, practitioner demonstration and direct student participation.
<b>D3.16</b>	The students' practical experience and PBL must contain specific experience relating to low vision and paediatric dispensing.
<b>D3.17</b>	A set of defined tasks must be successfully undertaken and evidenced with detailed case records presented in the portfolio (see relevant competencies and patient experience requirements).
<b>D3.18</b>	The provider must ensure that any PBL is carried out under the supervision of an appropriately qualified, registered and approved supervisor, in line with the GOC supervision requirements.
<b>D3.19</b>	The content of the pre-registration period must reflect the stated learning outcomes, and the assessments appropriately measure the students' achievements.
<b>D3.20</b>	Communication to all interested parties must be effective.
<b>D3.21</b>	Effective quality assurance measures must be in place.
<b>D3.22</b>	A suitable procedure must be in place to check students are registered with the GOC for the duration of their study, whilst in supervised practice and for the purposes of taking their professional qualifying examinations.

## PART 3 – CONDITIONS, RECOMMENDATIONS & COMMENDATIONS

<b>Conditions</b> are applied to training and assessment providers if there is evidence that the GOC requirements are not met.	
<b>Recommendations</b> indicate enhancements that can be made to a programme, these may not be directly linked to compliance with GOC requirements.	
<b>3.1 Conditions set at this visit</b>	
The unmet GOC requirements for this visit are set out below along with the condition(s) that is/are required to meet the requirements.	
<b>Requirement: D1.4</b>	A written protocol for supervision during practical patient contact must be provided.
<b>Condition 1</b>	ARU to submit a written protocol for the supervision of practical patient contact to the GOC.
<b>Date due</b>	<b>2 March 2023.</b>
<b>Rationale</b>	Based on the pre-visit documentation that was provided to the GOC and subsequently reviewed by the Panel, and discussions with ARU at the visit, the Panel did not have sight of a written protocol specifically regarding the arrangements for the supervision of practical patient contact taking place within the university clinic (the panel were provided with a risk assessment document). The Panel advised ARU of this in the closing meeting of the visit and explained that this condition was required to facilitate the production of a written protocol for supervision during practical patient contact and reiterated the importance of clear protocols for all aspects of the course and that these are readily available to staff, students, and all relevant stakeholders.
<b>3.2 Recommendation offered at this visit</b>	
The EVP offers the following recommendation to the provider.	
<b>Recommendation 1</b>	To implement a system whereby students can readily access data and documentation which enables them to easily track and monitor the status of their competencies within the programme.
<b>Rationale</b>	During a meeting with students at the visit, the Panel heard that the tracking of competencies had not been easily accessible. During the professional requirements, core competencies and GOC approved award meeting, ARU informed the Panel that the learning management system used for the programme did not currently allow for the tracking of competencies.  The Panel explained that the implementation of an electronic system for the tracking of competencies would be beneficial to both the learning experience of students and to enable staff and relevant stakeholders to access and review this data.
<b>3.3 Commendation made at this visit</b>	
The Panel wishes to commend the following area:	
<ul style="list-style-type: none"> <li>The engaged, enthusiastic, and committed approach of the programme team.</li> </ul>	