

**City, University of London**

**Report of the outcomes of the adaptation to the GOC education & training requirements**

**Master of Optometry (MOptom with Honours)**

**CIT-OP1-ETR**

**Report confirmed by GOC 12 March 2024**

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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 City, University of London’s (provider) adapted Master of Optometry (MOptom with Honours) 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 City, University of London 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

3.1 QUALIFICATION DETAILS	
Qualification title	Master of Optometry (MOptom with Honours)
Qualification level	Level seven (Regulated Qualifications Framework [RQF])
Duration of qualification	Four years
Number of cohorts per academic year	One
Month(s) of student intake	September
Delivery method(s)	Blended learning
Alternative exit award(s)	<ul style="list-style-type: none"> <li>• Year one – Certificate of Higher Education</li> <li>• Year two – Diploma of Higher Education</li> <li>• Year three – BSc (Hons) in Visual Science</li> </ul>
Total number of students per cohort	128

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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 of Optometry (MOptom with Honours) 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>• Mark Bissell – Lay Chair</li> <li>• Dr Rebekah Stevens – Optometrist member</li> <li>• Janice McCrudden – Optometrist &amp; Independent Prescribing member</li> <li>• Mark Chatham – Dispensing Optician &amp; Contact Lens Optician 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>• S4.13</li> <li>• S5.2</li> </ul>
Recommendations	The qualification has been set <b>two</b> recommendations against the following standards: <ul style="list-style-type: none"> <li>• S3.19</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 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> </ul>	

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- **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 – 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 ‘University Admissions Policy 2023/24’.</li> <li>• The ‘provider’s ‘MOptom Programme Specification’.</li> <li>• The provider’s Master of Optometry Degree MOptom (Hons)’ webpage.</li> <li>• The provider’s ‘Disclosure and Barring Service (DBS) Process in the School of Health Sciences (SHS) – September 2020’.</li> <li>• The provider’s ‘Global City’ webpage.</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 has appropriate, clear, and comprehensive entry admissions criteria.</li> <li>• The provider has appropriate, clear, and comprehensive occupational checks.</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>• A completed 'Template 2 - criteria narrative'.</li> <li>• The provider's 'Recognition of Prior Learning guidance'.</li> <li>• The provider's 'Recognition of Prior Learning process'.</li> <li>• The provider's 'Recognition of Prior Learning Application Form'.</li> <li>• The provider's 'MOptom Programme Specification'.</li> <li>• The provider's 'Senate Regulation 19 Assessment Regulations'.</li> <li>• The providers' 'School of Health and Psychological Sciences Programme Regulations'.</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>• A completed 'Template 8 – outcome mapping to indicative guidance'.</li> </ul>

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	<ul style="list-style-type: none"> <li>• The 'provider's 'MOptom Programme Specification'.</li> <li>• The provider's 'Senate Regulation 19 Assessment Regulations'.</li> <li>• The provider's 'Assessment Guidelines' for all modules.</li> <li>• The College of Optometrist's CLiP Handbook.</li> <li>• The provider's mapping to outcomes and SPOKE indicative guidance.</li> <li>• The provider's 'Assessment and Feedback Policy'.</li> <li>• The provider's 'Student Academic Appeals Policy'.</li> <li>• The provider's 'Academic Integrity &amp; Misconduct Policy and Guidance'.</li> <li>• The provider's 'Service User Meeting Notes June 2022'.</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' including: <ul style="list-style-type: none"> <li>◦ The inclusion experience students will receive working with charities, for example The Prison Optician's Trust.</li> </ul> </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 'Stakeholder Feedback'.</li> <li>• The provider's 'MyProgress' logs, including: <ul style="list-style-type: none"> <li>◦ Examples of the type of work students will conduct as placement activities during year one of the qualification.</li> </ul> </li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has demonstrated how their patient cohorts develop and increase in complexity throughout the qualification.</li> <li>• The provider has demonstrated how the variety of patients and patient settings increase in complexity throughout the qualification.</li> </ul>

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<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>• A completed 'Template 4 – assessment strategy'.</li> <li>• A completed 'Template 5 – module outcome map'.</li> <li>• The provider's 'student feedback'.</li> <li>• The provider's 'stakeholder feedback'.</li> <li>• The provider's 'Service User Meeting Notes June 2022'.</li> <li>• The provider's 'Examples of in Practice Placement Experiences'.</li> <li>• The provider's 'Annual Programme Evaluations (APE) 2017-21'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The university has established constructive relationships with stakeholders.</li> <li>• The university has incorporated stakeholder feedback into the development of the qualification.</li> </ul>

<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>• The provider's 'Senate Regulation 19 Assessment Regulations'.</li> <li>• The provider's 'MOptom Programme Specification'.</li> </ul>

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	<ul style="list-style-type: none"> <li>• The provider’s Programme Approval Policy’.</li> <li>• The provider’s ‘Assessment Matrix’.</li> <li>• The provider’s ‘Student Academic Appeals Policy’.</li> <li>• The provider’s ‘Academic Integrity &amp; Misconduct Policy and Guidance’.</li> <li>• The provider’s ‘Assessment and Feedback Policy’.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The qualification includes a range of assessment methods.</li> <li>• The provider has an appropriate and consistent assessment strategy mapped against learning outcomes.</li> </ul>
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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>• The ‘provider’s ‘MOptom Programme Specification’.</li> <li>• The provider’s ‘Assessment Matrix’.</li> <li>• The provider’s ‘Assessment Guidelines’ for all modules.</li> <li>• The provider’s mapping to outcomes and SPOKE indicative guidance.</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> </ul>

<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>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>• The 'provider's 'MOptom Programme Specification'.</li> <li>• The provider's 'Module Specifications' for all modules.</li> <li>• The provider's 'Assessment Matrix'.</li> <li>• The provider's 'Assessment Guidelines' for all modules.</li> <li>• The provider's mapping to outcomes and SPOKE indicative guidance.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The provider has clear, consistent, and appropriate marking criteria.</li> <li>• The provider has clear, consistent, and appropriate assessment criteria including lowest pass standard.</li> </ul>
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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 – 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 8 – outcome mapping to indicative guidance'.</li> <li>• The provider's 'Module Specifications' for all modules.</li> <li>• The provider's 'MOptom Programme Survey May 23'.</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 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>

<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>

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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 3 – qualification diagram (outcomes for registration)'.</li> <li>• The 'provider's 'MOptom Programme Specification'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>• The qualification includes the required minimum 1600 hours/48 weeks of patient-facing learning and experience in practice.</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>	<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 'Assessment Guidelines' for all modules.</li> <li>• The provider's 'Assessment and Feedback Policy'.</li> <li>• The provider's 'Assessment Matrix'.</li> <li>• The provider's 'Module Specifications' for all modules.</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> <li>• The provider has clear assessment methods and mapping of outcomes against the qualification.</li> <li>• The types and range of assessment methods are appropriate to the 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.

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<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>• The provider's 'Student Feedback'.</li> <li>• The provider's 'Stakeholder Feedback'.</li> <li>• The College of Optometrist's CLiP Handbook.</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 assessment design and learning and experience in practice.</li> <li>• The provider has engaged in a variety of stakeholder consultations.</li> </ul> <p>The panel and executive noted that the provider demonstrated excellent methods of seeking and gathering feedback from a variety of stakeholders which enabled the provider to take on board and implement this feedback within the teaching and assessment of learning outcomes.</p>

<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 'Health and Wellbeing Services' webpage.</li> <li>• The provider's 'Equality, Diversity and Inclusion Strategy 2020-2026'.</li> <li>• The provider's 'School Equality, Diversity and Inclusion Committee Terms of Reference 2022/23'.</li> <li>• The Provider's 'School of Health and Psychological Sciences (SHPS) Attainment Project'</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 and robust ED&amp;I policies.</li> <li>• The provider has mechanisms in place to monitor ED&amp;I data.</li> <li>• ED&amp;I has influenced the qualification design.</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 the provider analyses ED&amp;I data at programme-level.</li> <li>• The implementation of collecting programmatic ED&amp;I data and how this informs the design and delivery of the qualification, using specific examples.</li> </ul> <p>The panel and executive note the provider’s commitment to ensure equality, diversity, and inclusion has supported the qualification design.</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 provider’s ‘Royal Charter’ webpage.</li> </ul> <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> </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>

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	<ul style="list-style-type: none"> <li>• A completed 'Template 2 - criteria narrative'.</li> <li>• The provider's 'Governance Structure'.</li> <li>• The provider's 'Governance Delegation Structure'.</li> <li>• The provider's 'Financial Statements'.</li> <li>• The provider's 'Senate'.</li> <li>• The provider's 'Ordinances'.</li> <li>• The provider's six key bodies and roles including: <ul style="list-style-type: none"> <li>○ Senate</li> <li>○ Audit and Risk Committee</li> <li>○ Development Committee</li> <li>○ Remuneration Committee</li> <li>○ Strategy, Implementation and Performance Committee</li> <li>○ Corporate Governance and Nominations Committee</li> </ul> </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>
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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 – a recommendation is set</b>
<b>Deadline</b>	Response to the recommendation to be submitted Monday 27 May 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 City, University of London and the College of Optometrists.</li> <li>• The provider's 'Collaborative Provision Typology'.</li> <li>• The provider's 'Validation and Partners' webpage.</li> <li>• The College of Optometrist's CLiP Handbook'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <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>

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	<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 City, University of London and the College of Optometrists through the finalised and signed partnership agreement between the aforementioned provider and college.</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 the provider 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 'Form 2a - notification of proposed adaptation of programmes'.</li> <li>• The provider's 'Staff CVs'.</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>NOT MET – a condition is set</b>
<b>Deadline</b>	Monday 27 May 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>• Narrative provided in support of the formal response process.</li> <li>• The provider's 'Optometry Curriculum Development Meeting Minutes'.</li> <li>• The provider's 'Policy for Raising and Escalating Concerns in a Placement'.</li> </ul>

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	<ul style="list-style-type: none"> <li>The provider's 'Practice Education Committee Terms of Reference and Composition Regulation 2022-23'.</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 identification and management of conflicts of interest.</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>A programme specific formalised process for the management of conflicts of interest.</li> <li>How commercial conflicts of interest are monitored for teaching staff, placement providers and supervisors. For example, through a register of interests.</li> <li>How and where students, staff and other contributors to the qualification are made aware of what conflicts are (such as within the 'External Examiner for Taught Programmes Policy and Guidance').</li> </ul> <p>Although a <b>condition</b> has been set, the panel and executive note the progress made by the provider towards meeting this standard through evidencing of the clear and comprehensive process for raising concerns and reporting incidents however further assurance is required regarding the management of conflicts of interest.</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>Narrative provided in support of the formal response process.</li> <li>The provider's 'Optometry Curriculum Development Meeting Minutes'.</li> <li>The provider's 'Programme Approval Policy'.</li> <li>The provider's 'Guidance for Programme Approval'.</li> </ul> <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> <li>The provider has sufficient resources to deliver the learning outcomes.</li> </ul>

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	<ul style="list-style-type: none"> <li>The provider has clear mechanisms for monitoring resources and addressing student needs.</li> </ul>
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<b>Standard no.</b>	S5.2
<b>Standard description</b>	<p>There must be sufficient and appropriately qualified and experienced staff to teach and assess the outcomes. These must include:</p> <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>NOT MET – a condition is set</b>
<b>Deadline</b>	Monday 27 May 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>Narrative provided in support of the formal response process.</li> <li>The provider's 'Staff CVs'.</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>A sufficient number of registrant/specialist staff members to deliver 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>The provider's recruitment campaign for the recruitment of two additional optometry staff, including: <ul style="list-style-type: none"> <li>Campaign timelines.</li> <li>The provider's job advertisement.</li> <li>An update and/or confirmation on offers or acceptances.</li> </ul> </li> </ul> <p>Although <b>a condition</b> has been set, the panel and executive note the progress made by the provider towards meeting this standard through the appointment of the Programme Director and implementing an appropriately benchmarked SSR, however further assurance is required regarding the two outstanding optometry staff vacancies.</p>

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