City, University of London
GOC Full Quality Assurance Visit
BSc (Hons) Optometry
24 & 25 February 2020

Date report completed	11 March 2020
Report confirmed by GOC	10 September 2020

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PART 1 – VISIT DETAILS

1.1 PROVIDER DETAILS	
Address	Division of Optometry and Visual Sciences City, University of London Northampton Square London EC1V 0HB
Responsible officer	Miriam Conway, Programme Director

1.2 PROGRAMME DETAILS	
Programme title	Optometry
Programme type	BSc (Hons)
Current approval status	Full approval
Approved/current student numbers	124 per cohort

1.3 GOC EDUCATION VISITOR PANEL	
Chair	Mark Bissell-Lay
Visitors	Nicola Szostek-Optometrist Paula Baines-Dispensing Optician/CLO Julie-Anne Little-Optometrist Jane Andrews-Lay Nicholas Wilson-Holt-Ophthalmologist (desk-based)
GOC representative	Ella Pobee-Approval and Quality Assurance Officer

1.4. PURPOSE OF THE VISIT	
Visit type	Quality Assurance Visit

The purpose of this full, quality assurance visit is to confirm that the BSc (Hons) Optometry programme (programme) meets the requirements, as listed in the GOC's *Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry 2015* (the Handbook) and the *GOC Education A&QA-Supplementary Documents-List of Requirements.*

1.5 PROGRAME HISTORY		
Date	Event type	Overview
26 & 27 November 2014	Visit	A full quality assurance visit set five conditions, mainly relating to clinical experience and core competency professional requirements, offered two recommendations and recommended that a re-visit take place in May 2015 to ensure the conditions had been met.
5 May 2015	Visit	This re-visit resulted in three conditions being deemed met, one, relating to students' logbooks, deemed unmet and the decision to delay the outcome of one, relating to facilities, until a follow-up visit had been carried out. A revisit was recommended for January 2016.

18 September 2015	Visit	This revisit considered the new facilities. The condition relating to this was deemed met.
21 January 2016	Visit	The outstanding condition relating to student logbooks was deemed met. No further conditions were set or recommendations offered.

PART 2 – VISIT SUMMARY

2.1 Visit outcomes & summary of recommendations to the GOC	
Status of previous conditions	All previous conditions are deemed **met**
New Conditions	**0** conditions were set at this visit
New recommendations	**5** recommendations are offered at this visit See section 3.2 for further discussion
Student numbers	Year 1 - 126 students Year 2 - 112 students Year 3 - 110
Next visit to be undertaken	February 2025
Factors to consider when scheduling next visit e.g. when students are in, hospital, audit etc.	None

2.2 Previous Conditions These conditions are extracted from the report produced as a result of the quality assurance visit carried out on 21 January 2016
No conditions were set

2.3 Previous recommendations This recommendation is extracted from the report produced as a result of the quality assurance visit carried out on 21 January 2016	
Description	**Comments**
The Programme Team should implement the planned steps to improve the capture of detailed feedback at the end of each contact lens clinic.	Completed

PART 3 – CONDITIONS

3.1 Conditions & Actions set at this visit
Conditions are applied to training and assessment providers if there is evidence that the GOC requirements are not met. The conditions (unmet requirements) for this visit are set out below alongside the actions required to meet the conditions/unmet requirements:

No condition/actions were set at this visit

3.2 Recommendations offered at this visit
The Panel offers the following recommendations to the provider. Recommendations indicate enhancements that can be made to a programme but may not directly linked to compliance with GOC requirements.

GOC requirement	Description
OP2.12 & OP6.1	The provider must ensure that the patient base is relative to the student cohort size and is of a sufficient volume and range to deliver the required level of experience as specified in the GOC Core Competencies and patient experience requirements. & The provider must have an effective system in place to ensure each student has access to a sufficient range and number of patients under each category of experience.
Action 1	We recommend the University takes proactive steps to increase presbyopic and elderly patient numbers into the student clinics.
Rationale	Whilst the current patient base is adequate the Panel recognises that access to presbyopic and elderly patients is challenging. The Panel notes this could limit student experience of ocular disease and presbyopic dispensing.
OP2.13	The provider must have adequate resources for the appointment, training, and review of assessors and any management of them (e.g. lead assessors and the appointment of external examiners).
Action 2	The University must ensure delivery of formal induction for external examiners in a timely manner.
Rationale	The Panel was informed that an external examiner, appointed last year, is yet to receive the University's formal induction for external examiners. The Panel recognises the attempts that have been made by the programme team to arrange the formal induction and to provide sufficient support and guidance to the external examiner in lieu of the formal induction. The Panel requests that attempts to provide the external examiner with access to the formal induction continue.
OP4.7	The University must have an effective and accurate student information system to track and record the achievement of all required core competencies and patient episodes for each individual student.
Action 3	The achievement of binocular vision and paediatric episodes should be logged separately.
Action 4	Academic staff must clarify the amount of student interaction with patients required in the binocular vision and paediatric clinics to achieve an episode and disseminate this information to the visiting clinical tutors.

Rationale	The Panel notes that it is not possible, with the current tracking system, to delineate specific binocular vision and paediatric episodes and thus it is unclear that the minimum patient episodes have been achieved. Through conversation with members of the programme team the Panel was assured that students have obtained the required number of patient episodes in each speciality.
	The Panel noted some discrepancies between the definition, and amount, of student interaction required to differentiate between clinical experience and a patient episode in the binocular vision and paediatric clinics. This was apparent in the VCTs' handbook and during conversations with the programme team.
OP6.11	The portfolio must include evidence of how and when each individual element of competence was achieved by the individual student.
Action 5	Tracking of competency should be improved to evidence a robust audit trail to demonstrate that the GOC's competency requirements have been met.
Rationale	The Panel experienced difficulties in tracking how each individual element of competence was achieved by the individual student. The system easily identifies what the student has achieved and the date this occurred but not how they achieved patient episodes.

3.3 Commendations offered at this visit

The Panel wishes to recognise the development of the City Sight clinic and the high-quality clinical teaching areas as assets to the programme.