

University of Plymouth
Report of the outcomes of the adaptation to the GOC education & training requirements
MOptom (Hons) Optometry
PLY-OP1-ETR
Report confirmed by GOC 20 February 2024

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SECTION ONE – ABOUT THIS DOCUMENT

1.1 ABOUT THIS DOCUMENT

This report outlines the outcomes of the review of the University of Plymouth's (provider) adapted MOptom (Hons) Optometry 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 includes the formal response process).
- Any action the University of Plymouth is required to take.

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SECTION TWO – PROVIDER DETAILS

2.1 TYPE OF PROVIDER	
Provider <i>Sole responsibility for the entire route to registration.</i>	<input checked="" type="checkbox"/>
Awarding Organisation (AO) <i>Sole responsibility for the entire route to registration with centres delivering the qualification(s).</i>	<input type="checkbox"/>

2.2 CENTRE DETAILS	
Centre name(s)	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	MOptom (Hons) Optometry
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)	Full time
Alternative exit award(s)	<ul style="list-style-type: none"> • Level six (RQF) – BSc (Hons) Vision Science • Level five (RQF) – Diploma of Higher Education • Level four (RQF) – Certificate of Higher Education
Total number of students per cohort	95

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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 MOptom (Hons) Optometry 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	<ul style="list-style-type: none"> Allison Siveyer – Education 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"> Jane Andrews – Lay Chair Brian McCotter – Optometrist member Pam McClean – Optometrist and Independent Prescribing Optometrist member Mark Chatham – Dispensing Optician and Contact Lens Optician member Katie Carter – Lay member

4.3 SUMMARY OF CONDITIONS AND RECOMMENDATIONS	
Conditions	The qualification has been set three conditions against the following standards: <ul style="list-style-type: none"> S3.4 S3.17 S3.19
Recommendations	The qualification has been set three recommendations against the following standards: <ul style="list-style-type: none"> S3.7 S4.4 S4.13
<p>Commentary against all of the standards reviewed are set out in section 4.4.</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"> A condition is set when the information submitted did not provide the necessary evidence and assurance that a standard is met; further action is required. 	

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- A **recommendation** 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.
- **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.

Standard no.	S2.1
Standard description	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.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<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"> • A completed ‘Template 2 - criteria narrative’. • The provider’s MOptom (Hons) Optometry programme specification. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has appropriate, clear, and comprehensive entry and IELTS requirements. • The provider has appropriate, clear, and comprehensive occupational checks.

Standard no.	S2.5
Standard description	Recognition of prior learning must be supported by effective and robust policies and systems. These must ensure that students admitted at a point

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	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.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<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"> • A completed 'Template 2 - criteria narrative'. • The provider's 'Recognition of Prior Learning Policy'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has an appropriate recognition of prior learning policy and an appropriate process for implementing and recording it.

Standard no.	S3.1
Standard description	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.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<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"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • A completed 'Template 8 – outcome mapping to indicative guidance'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has a comprehensive and clear assessment strategy.

Standard no.	S3.3
Standard description	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

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	practice, community, manufacturing, research, domiciliary and hospital settings (for example, Harden's ladder of integration ¹⁰). This experience must increase in volume and complexity as a student progresses through a programme.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<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"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • Narrative provided in support of the formal response process. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification provides students with access to an appropriate range of patients. • The qualification integrates IPL appropriately.

Standard no.	S3.4
Standard description	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.
Status	NOT MET – a condition is set
Deadline	Monday 15 July 2024
Rationale	<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"> • A completed 'Template 2 - criteria narrative'. • Narrative provided in support of the formal response process. • The provider's 'Service User and Carer Group' role and meeting minutes. <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"> • How a range of stakeholder feedback has informed the design and delivery of the MOptom (Hons) Optometry qualification. <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"> How a range of stakeholder feedback has informed curriculum design and delivery at qualification and school level, for example, actioning suggestions from the patient feedback questionnaire. <p>Although a condition has been set, the panel and executive note satisfactory evidencing of the collection of, and opportunities to, gather feedback however further assurance is required regarding how this feedback has or will shape the design of the qualification.</p>
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Standard no.	S3.5
Standard description	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.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<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"> A completed 'Template 2 - criteria narrative'. A completed 'Template 4 – assessment strategy'. A completed 'Template 5 – module outcome map'. The provider's programme specification. The provider's MOptom (Hons) Optometry module records. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> The qualification includes a range of assessment methods. The provider has an appropriate and consistent assessment strategy mapped against learning outcomes.

Standard no.	S3.6
Standard description	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.
Status	MET – no further action is required at this stage
Deadline	Not applicable.

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Rationale	<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"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • Narrative provided in support of the formal response process. • The provider's MOptom (Hons) Optometry programme specification. • The provider's MOptom (Hons) Optometry module records. • The provider's 'Disability Services' webpage. • The provider's 'Assessment Setting, Marking and Moderation Policy 2021-22'. • The provider's 'Assessment Policy'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has clear assessment methods and mapping of outcomes against the qualification. • The provider has clear guidance on unsafe practise for clinic tutors.
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Standard no.	S3.7
Standard description	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.
Status	MET – a recommendation is set
Deadline	Response to the recommendation(s) set to be submitted in the 2023/24 annual monitoring submission.
Rationale	<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"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • Narrative provided in support of the formal response process. • The provider's MOptom (Hons) Optometry programme specification. • The provider's MOptom (Hons) Optometry module records. • The provider's 'Assessment Setting, Marking and Moderation Policy 2021-22'. • The provider's 'Assessment Policy'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has clear marking rubrics and standard setting. • The provider supports clinic tutors in patient safety and unsafe practise.

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	<p>Although the information reviewed provided sufficient assurance that this standard is met, a recommendation 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"> • How assessors and clinic tutors receive or will be receiving ongoing and recalibration training. <p>This is not considered to present a risk at present but will be monitored as part of ongoing quality assurance activity.</p>
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Standard no.	S3.14
Standard description	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.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<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"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 8 – outcome mapping to indicative guidance'. • The provider's MOptom (Hons) Optometry module records. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification includes a range of assessment methods. • The provider has an appropriate and consistent assessment strategy mapped against learning outcomes.

Standard no.	S3.15
Standard description	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.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<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"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 5 – module outcome map'.

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	<p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification includes the required minimum 1600 hours/48 weeks of patient-facing learning and experience in practice.
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Standard no.	S3.16
Standard description	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.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<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"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • The provider's MOptom (Hons) Optometry programme specification. • The provider's MOptom (Hons) Optometry module records. • The provider's 'Disability Services' webpage. • The provider's 'Assessment Setting, Marking and Moderation Policy 2021-22'. • The provider's 'Assessment Policy'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has a comprehensive and clear assessment strategy. • The provider has clear assessment methods and mapping of outcomes against the qualification. • The types and range of assessment methods are appropriate to the approved qualification.

Standard no.	S3.17
Standard description	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.
Status	NOT MET – a condition is set
Deadline	Monday 15 July 2024
Rationale	<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"> • A completed 'Template 2 - criteria narrative'.

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	<ul style="list-style-type: none"> • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • Narrative provided in support of the formal response process that outlined: <ul style="list-style-type: none"> ○ Programme committee meetings. ○ How the provider has implemented feedback. • The provider's 'Service User and Carer Group' role and meeting minutes. • The provider's 'Patient Feedback Form'. <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"> • How, through programme committee meetings, stakeholders are engaged at qualification level. <p>Possible areas of evidence that can be submitted, are (this list is non-exhaustive):</p> <ul style="list-style-type: none"> • How a range of stakeholder feedback has informed decisions behind experience in practice and assessment design and choice at qualification level. <p>Although a condition has been set, the panel and executive note satisfactory evidencing with the collection of, and opportunities to, gather feedback however further assurance is required regarding how this feedback has or will shape the design of the assessments.</p>
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Standard no.	S3.19
Standard description	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.
Status	NOT MET – a condition is set
Deadline	Monday 15 July 2024
Rationale	<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"> • A completed 'Template 2 - criteria narrative'. • Narrative provided in support of the formal response process. • The provider's 'Equality and Diversity Policy'. <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"> • The collection methods for ED&I and progression data.

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	<ul style="list-style-type: none"> • How the current initiatives, or other data analysis of ED&I data has informed the design and delivery of the MOptom (Hons) Optometry qualification. <p>Possible areas of evidence that can be submitted, are (this list is non-exhaustive):</p> <ul style="list-style-type: none"> • The programmatic collection and use of ED&I data including data on protected characteristics. • Plans to monitor student progression by protected characteristic. • How the collection and use of programmatic ED&I data has and will continue to inform the design of your qualification using specific examples. <p>Although a condition has been set, the panel and executive note the progress the University of Plymouth has made towards meeting this standard however further assurance is required regarding how the university and school policies have been applied at qualification level.</p>
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Standard no.	S4.1
Standard description	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.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<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"> • A completed 'Template 2 - criteria narrative'. • The provider's 'Governance' webpage. • The provider's MOptom (Hons) Optometry programme specification that outlined: <ul style="list-style-type: none"> ○ The provider's accreditation status with the GOC. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider is a legally incorporated higher education institution. • The provider is an approved provider of higher education.

Standard no.	S4.2
Standard description	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.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	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"> • A completed 'Template 2 - criteria narrative'. • The provider's 'Governance' webpage. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has a clear corporate form, governance structure, and lines of accountability.
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Standard no.	S4.4
Standard description	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.
Status	MET – a recommendation is set
Deadline	Response to the recommendation to be submitted Monday 25 March 2024.
Rationale	<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"> • A completed 'Template 2 - criteria narrative'. • Narrative provided in support of the formal response process. • The draft partnership agreement between the University of Plymouth and the College of Optometrists. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • There is a robust framework supporting the relationship between the provider and the College of Optometrists. <p>Although the information reviewed provided sufficient assurance that this standard is met, a recommendation 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"> • Confirmation of agreement of delegation of roles and responsibilities between the University of Plymouth and the College of Optometrists through the finalised and signed partnership agreement between the University of Plymouth and the College of Optometrists. <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 University of Plymouth had continued to develop their commitment to 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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Standard no.	S4.5
Standard description	The provider of the approved qualification must have a named person who will be the primary point of contact for the GOC.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<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"> • A completed 'Template 2 - criteria narrative'. • A completed 'Form 2a - notification of proposed adaptation of programmes'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has an appropriate named person for the qualification.

Standard no.	S4.13
Standard description	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.
Status	MET – a recommendation is set
Deadline	Response to the recommendation to be submitted in the 2023/24 annual monitoring submission
Rationale	<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"> • A completed 'Template 2 - criteria narrative'. • Narrative provided in support of the formal response process that outlined: <ul style="list-style-type: none"> ○ The provider's five-year business plan. • The provider's 'Faculty Risk Register March 2023'. • The provider's 'External Examiners Policy and Procedures' webpage. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • Mechanisms and processes for identifying and mitigating risks. <p>Although the information reviewed provided sufficient assurance that this standard is met, a recommendation 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"> • The identification and mitigation of risks relating directly to the MOptom (Hons) Optometry qualification and the optical profession.

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	The panel recognised how the University of Plymouth had continued to develop their commitment to this standard through their management and mitigations of risks and would encourage the provider to consider implementing a qualification specific risk register.
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Standard no.	S5.1
Standard description	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.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<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"> • A completed 'Template 2 - criteria narrative'. • Narrative provided in support of the formal response process. • The provider's 'Faculty Risk Register March 2023'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has clearly identified and mitigated potential risks to the qualification.

Standard no.	S5.2
Standard description	<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"> • an appropriately qualified and experienced programme leader, supported to succeed in their role; • sufficient staff responsible for the delivery and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals; • sufficient supervision of students' learning in practice by GOC registrants who are appropriately trained and supported in their role; and • an appropriate student:staff ratio (SSR), which must be benchmarked to comparable provision.
Status	MET – no further action is required at this stage
Deadline	Not applicable.
Rationale	<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"> • A completed 'Template 2 - criteria narrative'.

ADP-RPT			
Report of the outcomes of the adaptation to the GOC education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

	<ul style="list-style-type: none"> • Narrative provided in support of the formal response process, that outlined: <ul style="list-style-type: none"> ○ Optometry staffing (including clinic). ○ Programme Lead and Academic Lead roles and duties. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification has clear and adequate leadership. • There is an appropriate range and number of staff to deliver the programme. • There is a sufficient number of registrant/specialist staff members to deliver the qualification.
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ADP-RPT			
Report of the outcomes of the adaptation to the GOC education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025