

Ulster University
Report of the outcomes of the adaptation to the GOC education & training requirements
MOptom (Hons) Optometry
ULS-OP1-ETR
Report confirmed by GOC – 5 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 Ulster University's adapted MOptom (Hons) Optometry 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).
- The status of all the standards reviewed as part of the adaptation process (which includes the formal response process).
- Any action Ulster University 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 your 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 (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"> • 120 credit points – Certificate of Higher Education in Clinical Vision Science. • 240 credit points – Associate Bachelor’s Degree in Clinical Vision Science. • 360 credit points - Bachelor’s Degree in Clinical Vision Science.
Total number of students per cohort	36

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SECTION FOUR – SUMMARY OF THE OUTCOMES OF THE ADAPTATION PROCESS

4.1 QUALITY ASSURANCE ACTIVITY	
Type of activity	Review of Ulster University’s (university) adapted MOptom (Hons) Optometry qualification (qualification) against the <i>Requirements for Approved Qualifications in Optometry and Dispensing Optics</i> (March 2021).

4.2 GOC REVIEW TEAM	
Officer	<ul style="list-style-type: none"> Georgina Carter – Education Operations Officer Ella Pobee – Education Development Officer
Manager	Lisa Venables – Education Development Manager
Decision maker	Sam Morgan – Head of Education & CPD Development
Education Visitor Panel (panel) members	<ul style="list-style-type: none"> Mark Bissell – Lay chair Dr Preeti Bhogal-Bhamra – Optometrist & Independent Prescribing Optometrist member Pam McClean – Optometrist & Independent Prescribing Optometrist member Kevin Gutsell – Dispensing Optician & Contact Lens Optician member

4.3 SUMMARY OF CONDITIONS & RECOMMENDATIONS	
The qualification has been set 0 conditions.	
The qualification has been set 1 recommendation against the following standard: <ul style="list-style-type: none"> S3.19 	
Commentary against all the standards reviewed is set out in section 4.4.	
The qualification will remain subject to the GOC’s Quality Assurance and Enhancement Methods (QAEM) on an ongoing basis.	

4.4 STANDARDS OVERVIEW	
<p>The standards reviewed as part of the adaptation process for approved qualifications (as outlined in Form 2a*) 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. 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; further action is required. No further action is required – the information submitted provides the necessary assurance that a standard is met. <p>*The following standards listed below were not reviewed as part of the adaptation process but are monitored as part of the GOC’s QAEM:</p>	

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- Standard one - public and patient safety S1.1, S1.2, S1.3, S1.4
- Standard two - admission 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 university was required to complete or submit as part of the education and training requirements (ETR) adaptation process can be found here <https://optical.org/en/publications/qualifications-in-optometry-or-dispensing-optics/>

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 'course document' that outlined the qualification's criteria for admission. • A completed 'Template 2 - criteria narrative'. • The university's optometry specific webpage. • The university's admissions policy. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The university has appropriate, clear and comprehensive entry and IELTS requirements.

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 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.

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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 ‘course document’ that outlined the university’s accreditation of prior learning policy and process. • A completed ‘Template 2 - criteria narrative’. • The university’s admissions policy. • The university’s guidelines for accreditation of prior learning. • Narrative that outlined the application and governance of the accreditation of prior learning policy. • The university’s optometry specific webpage. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The university has an appropriate accreditation of prior learning policy and an appropriate process for implementing it. • Applicants are made aware of exemptions and transferability of held qualifications.

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 ‘course document’ that outlined the qualification’s: <ul style="list-style-type: none"> ○ Specification. ○ Assessment rubrics and performance indicators. ○ Moderation process. ○ University regulations. ○ Stakeholder committees. ○ Stakeholder engagement. • A completed ‘Template 2 - criteria narrative’. • A completed ‘Template 4 – assessment strategy’. • A completed ‘Template 5 – module outcome map’. • Evidence of the mapping of the GOC learning outcomes within modules to the Sector Partnership for Optical Knowledge and Education (SPOKE) guidelines. <p>The information reviewed evidenced, amongst other elements, that:</p>

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	<ul style="list-style-type: none"> • The university has a comprehensive and clear assessment strategy. • How the assessments lead to the awarding of an approved qualification.
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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 practice, community, manufacturing, research, domiciliary and hospital settings (for example, Harden’s ladder of integration). 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 ‘course document’ that outlined the qualification’s: <ul style="list-style-type: none"> ○ Specification. ○ Module descriptors. ○ Stakeholder committees. ○ Stakeholder engagement. • 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 and team working sufficiently well. • The university is considering how IPL and team working experience can be expanded across the qualification.

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	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 ‘course document’ that outlined the qualification’s: <ul style="list-style-type: none"> ○ Specification. ○ Stakeholder committees. ○ Stakeholder engagement. ○ Roles and responsibilities in relation to clinical learning in practice. • A completed ‘Template 2 - criteria narrative’. • Narrative and documentation about the training of clinical supervisors. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The university has established constructive relationships with stakeholders. • The university has incorporated stakeholder feedback into the development of the qualification. • Training and support will be provided to placement supervisors. <p>The GOC notes that the evidence in relation to supervisor training and documentation for the long clinical placement provided by the CoO could be enhanced. This is not considered to present a risk at present but will be monitored as part of ongoing quality assurance activity. As the university is the sole provider of this qualification and has sole responsibility for the whole route to registration it is advised to ensure that evidence in this area is strengthened.</p> <p>Possible areas of evidence that can be submitted as part of ongoing quality assurance activity include evidence that (this list is non-exhaustive):</p> <ul style="list-style-type: none"> • The training of supervisors, although delegated to the CoO, has taken place. • Delivered training is of an appropriate standard and meets all relevant requirements. • The university has established the appropriate governance and quality assurance mechanisms to review supervisor training on an ongoing basis.
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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.

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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 ‘course document’ that outlined the qualification’s: <ul style="list-style-type: none"> ○ Specification. ○ Assessment rubrics and performance indicators. ○ Moderation process. ○ Module descriptors. ○ University regulations. ○ Stakeholder committees. ○ Stakeholder engagement ○ Mapping of the modules to the GOC learning outcomes. • A completed ‘Template 2 - criteria narrative’. • A completed ‘Template 4 – assessment strategy’. • A completed ‘Template 5 – module outcome map’. • Evidence of the mapping of the GOC learning outcomes within modules to the SPOKE guidelines. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification includes a range of assessment methods. • Summative assessments must be passed. • Compensation is not allowed within the restrictions of this standard.
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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.
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 ‘course document’ that outlined the qualification’s: <ul style="list-style-type: none"> ○ Specification. ○ Assessment rubrics and performance indicators. ○ Moderation process. ○ University regulations. ○ Module descriptors. ○ Reasonable adjustment policy. • A completed ‘Template 2 - criteria narrative’. • A completed ‘Template 4 – assessment strategy’. • A completed ‘Template 5 – module outcome map’. <p>The information reviewed evidenced, amongst other elements, that:</p>

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	<ul style="list-style-type: none"> • The types and range of assessment methods are appropriate to the approved qualification. • GOC learning outcomes must be passed. • The university has a 'fitness to train' process.
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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 – 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 'course document' that outlined the qualification's: <ul style="list-style-type: none"> ○ Assessment rubrics and performance indicators. ○ Moderation process. • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. <p>The information reviewed evidenced, amongst other elements:</p> <ul style="list-style-type: none"> • That qualification assessment criteria for all learning settings are set at the appropriate level. • The appropriate use of external examiners within the qualification. • An appropriate relationship between the university and the CoO.

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 'course document' that outlined the qualification's: <ul style="list-style-type: none"> ○ Specification. ○ Stakeholder committees. ○ Stakeholder engagement. • A completed 'Template 2 - criteria narrative'.

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	<ul style="list-style-type: none"> Evidence of the mapping of the GOC learning outcomes within modules to the SPOKE guidelines. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> Expertise from university-based stakeholders has been incorporated into the qualification. The university has established constructive relationships with internal and external stakeholders.
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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 ‘course document’ that outlined the qualification’s: <ul style="list-style-type: none"> Specification. Clinical learning in practice handbooks (both from the university and the CoO). A completed ‘Template 2 - criteria narrative’. A completed ‘Template 5 – module outcome map’. <p>The information reviewed evidenced, amongst other elements, that the qualification incorporates:</p> <ul style="list-style-type: none"> The required minimum 1600 hours/48 weeks of patient-facing learning and experience in practice. A good balance of short- and long-term placements.

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 ‘course document’ that outlined the qualification’s: <ul style="list-style-type: none"> Specification. Mapping of the modules to the GOC learning outcomes. 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'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The principles of Miller's pyramid have been incorporated within the qualification. • The types and range of assessment methods are appropriate to the approved qualification. • The university has a comprehensive and clear assessment strategy.
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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	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 'course document' that outlined the qualification's: <ul style="list-style-type: none"> ○ Specification. ○ Stakeholder committees. ○ Stakeholder engagement. • 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 university has established constructive relationships with stakeholders. • The university has incorporated stakeholder feedback into the development of the qualification. • Training and support will be provided to placement supervisors.

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	MET – recommendation.

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Deadline	Supporting evidence to be submitted as part of the AMR process for academic year 2023-4.
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 university's inclusive learning and teaching webpage. • 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 wider-university's learning and teaching requirement to implement equality, diversity and inclusion into qualification design has been adhered to. <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"> • Evidence of how the university is responding to the challenges of collating equality and diversity data in a manner that does not identify individuals within its small cohort size. • Examples of how the university-wide inclusive learning and teaching policy has been implemented at qualification level.

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 University of Ulster Charter, Statutes and Ordinances 20220-2021' <p>The information reviewed evidenced, amongst other elements, that the university is:</p> <ul style="list-style-type: none"> • An approved provider of higher education. • A legally incorporated higher education institution.

Standard no.	S4.2
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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	<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 University of Ulster Charter, Statutes and Ordinances 20220-2021’ • The university’s governance webpage. • The university’s ‘Principles of Standards, Assurance and Quality Management’. • The university’s ‘Programme Approval, Management and Review Handbook’ • The university’s terms of reference for its Academic Standards and Quality Enhancement Committee. <p>The information reviewed evidenced, amongst other elements, the university’s:</p> <ul style="list-style-type: none"> • Corporate form, governance, and lines of accountability.

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 – 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 ‘course document’ that outlined how the university manages, quality assures and evaluates the qualification. • A completed ‘Template 2 - criteria narrative’. • ‘The University of Ulster Charter, Statutes and Ordinances 20220-2021’ • The university’s governance webpage. • The university’s ‘Principles of Standards, Assurance and Quality Management’. • The university’s ‘Programme Approval, Management and Review Handbook’.

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	<ul style="list-style-type: none"> The university's terms of reference for its Academic Standards and Quality Enhancement Committee. The signed and dated Academic Partnership Agreement between the university and the CoO. <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 university and the CoO.
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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 university 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 – 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 'course document' that outlined the qualification's: <ul style="list-style-type: none"> Examples of student feedback. Examples of external examiner feedback. CoO engagement. Clinical learning in practice handbook (both from the university and the CoO). A completed 'Template 2 - criteria narrative'. A completed 'Form 2a - notification of proposed adaptation of programmes' that details the qualification's key risks and mitigations.

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	<p>The information reviewed evidenced, amongst other elements, that the university has:</p> <ul style="list-style-type: none"> • Various robust mechanisms and processes for identifying and managing risks. • Formal processes for staff and students to raise and escalate concerns.
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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 ‘course document’ that outlined the qualification’s: <ul style="list-style-type: none"> ○ Stakeholder committees. • A completed ‘Template 2 - criteria narrative’. • A completed ‘Form 2a - notification of proposed adaptation of programmes’ that details the qualification’s key risks and mitigations. <p>The information reviewed evidenced, amongst other elements, that the university has:</p> <ul style="list-style-type: none"> • Robust mechanisms for identifying appropriate resources from the initial stages of qualification development and on an ongoing basis. • Various university stakeholder groups with responsibility for the allocation, governance, and evaluation of resources.

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.

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

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 ‘course document’ that outlined the qualification’s: <ul style="list-style-type: none"> ○ Stakeholder committees. • A completed ‘Template 2 - criteria narrative’. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification has 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. • The university has considered the staffing needs of the qualification as it develops over the next three academic years. • The university has considered the training and support needs of university staff and those outside of the university who have responsibility for delivering elements of the qualification.

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