

## HCPC approval process report

Education provider	University College London
Name of programme(s)	MSc Orthoptics (pre-registration), Full time accelerated
Approval visit date	21 October 2020
Case reference	CAS-16156-H6Y1X3

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### Executive Summary

We are the Health and Care Professions Council (HCPC), a regulator set up to protect the public. We set standards for education and training, professional knowledge and skills, conduct, performance and ethics; keep a register of professionals who meet those standards; approve programmes which professionals must complete before they can register with us; and take action when professionals on our Register do not meet our standards.

The following is a report on the approval process undertaken by the HCPC to ensure that programme(s) detailed in this report meet our standards of education and training (referred to through this report as ‘our standards’). The report details the process itself, the evidence considered, and recommendations made regarding programme approval.

## Section 1: Our regulatory approach

### Our standards

We approve programmes that meet our education standards, which ensure individuals that complete the programmes meet proficiency standards. The proficiency standards set out what a registrant should know, understand and be able to do when they complete their education and training. The education standards are outcome focused, enabling education providers to deliver programmes in different ways, as long as individuals who complete the programme meet the relevant proficiency standards.

Programmes are normally [approved on an open-ended basis](#), subject to satisfactory engagement with our monitoring processes. Programmes we have approved are listed [on our website](#).

### How we make our decisions

We make independent evidence based decisions about programme approval. For all assessments, we ensure that we have profession specific input in our decision making. In order to do this, we appoint [partner visitors](#) to undertake assessment of evidence presented through our processes. The visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation of the visitors, inclusive of conditions and recommendations. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The Committee meets in public on a regular basis and their decisions are available to view [on our website](#).

### HCPC panel

We always appoint at least one partner visitor from the profession (inclusive of modality and / or entitlement, where applicable) with which the assessment is concerned. We also ensure that visitors are supported in their assessment by a member of the HCPC executive team. Details of the HCPC panel for this assessment are as follows:

Claire Wilson	Orthoptist
David Newsham	Orthoptist
Temilolu Odunaike	HCPC executive

## Section 2: Programme details

Programme name	MSc Orthoptics (pre-registration)
Mode of study	FTA (Full time accelerated)
Profession	Orthoptist
Proposed First intake	01 September 2021
Maximum learner cohort	Up to 25
Intakes per year	1
Assessment reference	APP02268

We undertook this assessment of a new programme proposed by the education provider via the approval process. This involved consideration of documentary evidence

and a virtual approval visit, to consider whether the programme meet our standards for the first time.

### Section 3: Requirements to commence assessment

In order for us to progress with approval and monitoring assessments, we ask for certain evidence and information from education providers. The following is a list of evidence that we asked for through this process, and whether that evidence was provided. Education providers are also given the opportunity to include any further supporting evidence as part of their submission. Without a sufficient level of evidence, we need to consider whether we can proceed with the assessment. In this case, we decided that we were able to undertake our assessment with the evidence provided.

Type of evidence	Submitted	Comments
Completed education standards mapping document	Yes	
Information about the programme, including relevant policies and procedures, and contractual agreements	Yes	
Descriptions of how the programme delivers and assesses learning	Yes	
Proficiency standards mapping	Yes	
Information provided to applicants and learners	Yes	
Information for those involved with practice-based learning	Yes	
Information that shows how staff resources are sufficient for the delivery of the programme	Yes	
Internal quality monitoring documentation	Not Required	Programme is new and has not run yet.

Due to the COVID-19 pandemic, the education provider decided to move this event to a virtual (or remote) approval visit. In the table below, we have noted the meeting held, along with reasons for not meeting certain groups (where applicable):

Group	Met	Comments
Learners	Not Required	As this was a virtual visit and, because the visitors did not have areas to address with this group, we decided that it was unnecessary to meet with them.
Service users and carers (and / or their representatives)	No	As this was a virtual visit and, due to the impact of Covid-19 pandemic, it was not possible to meet with this group.
Facilities and resources	Yes	
Senior staff	Yes	
Practice educators	Yes	

Programme team	Yes	
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## Section 4: Outcome from first review

### **Recommendation of the visitors**

In considering the evidence provided by the education provider as part of the initial submission and at the virtual approval visit, the visitors' recommend that there was insufficient evidence to demonstrate that our standards are met at this time, but that the programme(s) should be approved subject to the conditions noted below being met.

### **Conditions**

Conditions are requirements that must be met before programmes can be approved. We set conditions when there is insufficient evidence that standards are met. The visitors were satisfied that a number of the standards are met at this stage. However, the visitors were not satisfied that there is evidence that demonstrates that the following standards are met, for the reasons detailed below.

We expect education providers to review the issues identified in this report, decide on any changes that they wish to make to programmes, and then provide any further evidence to demonstrate how they meet the conditions. We set a deadline for responding to the conditions of 06 January 2021.

### **3.7 Service users and carers must be involved in the programme.**

**Condition:** The education provider must demonstrate that service users and carers are involved in the programme.

**Reason:** In their mapping document, the education provider stated that service user and carers' involvement will be undertaken after the current pandemic and service had recovered. At the visit, the visitors asked for updates on this and the education provider stated that they would start work on service user and carer involvement following the visit. As the education provider did not provide any evidence to demonstrate how service users and carers contribute to the programme, the visitors could not determine that this standard was met. They therefore request that the education provider evidence how service users and carers will be involved and how they would be supported so that they are able to be appropriately involved in the programme.

### **4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.**

### **4.2 The learning outcomes must ensure that learners understand and are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.**

### **6.1 The assessment strategy and design must ensure that those who successfully complete the programme meet the standards of proficiency for the relevant part of the Register.**

### **6.2 Assessment throughout the programme must ensure that learners demonstrate they are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.**

**Condition:** The education provider must demonstrate how the Ophthalmology I and II learning outcomes and their assessments will ensure:

- i. The standards of proficiency (SOPs) for Orthoptists are met; and
- ii. Learners are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.

**Reason:** The visitors reviewed programme documentation relating to learning outcomes and assessment before the visit and discussed these areas with the programme staff. The visitors noted from their review that the SOPs mapping document referenced the lecturer spreadsheet. For the SOPs listed below, the visitors were referred to the Ophthalmology I and II modules and particular lectures within the lecturer spreadsheet. In the lecturer spreadsheet, the visitors noted the topics which would be taught within each lecture. For example, lecture 5.3 (Professional standards III) in Ophthalmology II was identified by the education provider as delivering SOP 1.2 (recognise the need to manage their own workload and resources effectively and be able to practise accordingly). When comparing the topics within the identified lectures with the associated module descriptors, the visitors were unable to determine associated learning outcomes relating to the following SOPs. In addition, they could not see clear information elsewhere within the documentation where these SOPs were covered.

The visitors considered that these SOPs may be encompassed by the learning outcome 'Practice within professional codes of conduct' but this only appears in the final placement module (Clinical placement III). The visitors noted that the learning outcomes in earlier modules were not related to the following SOPs and were unclear about how these were to be assessed before the final placement:

- **1.2** recognise the need to manage their own workload and resources effectively and be able to practise accordingly
- **2.1** understand the need to act in the best interests of service users at all times
- **2.5** know about current legislation applicable to the work of their profession
- **2.7** be able to exercise a professional duty of care
- **3.1** understand the need to maintain high standards of personal and professional conduct
- **3.2** understand the importance of maintaining their own health
- **3.3** understand both the need to keep skills and knowledge up to date and the importance of career-long learning
- **15.1** understand the need to maintain the safety of both service users and those involved in their care
- **15.2** be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these
- **15.3** be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation

For the following SOPs, the visitors were referred to the Ophthalmology I and II modules. The visitors noted that there were no learning outcomes relating to these SOPs in these modules and they could not see clear information elsewhere within the

documentation where these SOPs are covered. For example, the visitors noted that the intended learning outcomes for the Ophthalmology II module are:

- Understand normal and abnormal human development; and
- Demonstrate an intermediate understanding of the diagnosis and management of common paediatric ophthalmic conditions.

However, within the lecturer spreadsheet, lecture 1.6 (Gillick Competency; the voice of the child) contains a topic relating to competency and communication with children while lecture 1.7 (Non accidental injury (NAI)) relates to safeguarding processes which the education provider identified would ensure SOPs 7.3, 8.5, 8.7, 8.8 are delivered. When comparing the topics within the identified lectures with the associated module descriptors, the visitors were unable to determine associated learning outcomes relating to the following SOPs and it is not clear where this is addressed by a learning outcome in any other module.

- **7.3** be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public
- **8.5** be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as culture, age, ethnicity, gender, religious beliefs and socio-economic status
- **8.7** understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible
- **8.8** recognise the need to use interpersonal skills to encourage the active participation of service users
- **11.2** recognise the value of case conferences and other methods of review
- **13.3** understand the concept of leadership and its application to practice
- **13.5** understand the structure and function of health and social care services in the UK
- **13.21** know how psychology and sociology can inform an understanding of health, illness and health care in the context of orthoptics and know how to apply this in practice
- **13.22** be aware of human behaviour and recognise the need for sensitivity to the psychosocial aspects of ocular conditions, including strabismus

The visitors were unable to identify a clear link between the learning outcomes and assessments of the Ophthalmology I and II modules (which were mapped to the professionalism aspect of the SOPs) and the highlighted SOPs. For example, the visitors noted that learning outcomes in Ophthalmology I related to areas such as understanding the anatomy of the eye, awareness of electrodiagnostics and other types of ophthalmic imaging without reference to professionalism. Similarly, they noted that although lecture 3.4 (Professional standards – II) in Ophthalmology I referred to professional standards and was mapped to SOPs relating to professionalism and topics taught included professionalism, they were unclear how the module learning outcomes and their assessment related to professionalism.

When this was discussed with the programme team at the visit, the team stated they would re-write the SOPs to map them to the appropriate learning outcomes. As the programme documentation did not demonstrate how the SOPs listed above will be met by the learning outcomes and the assessments, the visitors could not determine that

SETs 4.1, 4.2, 6.1 or 6.2 were met. They therefore require the education provider to submit evidence showing how the learning outcomes and the assessments will enable all learners to meet the standards of proficiency for orthoptists as well as the expectations of professional behaviour, including the standard of conduct, performance and ethics.

**6.3 Assessments must provide an objective, fair and reliable measure of learners' progression and achievement.**

**6.5 The assessment methods used must be appropriate to, and effective at, measuring the learning outcomes.**

**Condition:** The education provider must demonstrate that the final practice-based assessment is a fair and reliable measure of learners' progression and achievement and that the assessment methods are appropriate to and effective at measuring the learning outcomes.

**Reason:** The education provider evidenced the Module Assessment and the Overarching Principles of Assessment sections of their website to demonstrate these standards. From their review the visitors identified the different assessment methods as well as the different principles governing assessments which apply to all programmes delivered at this education provider.

At the visit, when asked about how learners will be assessed in clinical practice, the programme team explained that the final assessments will be undertaken at their 12 different practice-based learning sites around the country. The visitors learnt that these sites provide learners with different opportunities to gain their learning outcomes, meaning the final assessment would be specific to the practice-based learning site. From discussions with the programme team, the visitors were unable to determine the guidance provided to the practice-based learning sites to demonstrate how the education provider ensures parity across the 12 sites. As such, the visitors were unclear how the programme team guarantees overall competence that covers all clinical aspects of orthoptic practice as, learners may not have exposure to the relevant and suitable patients at all 12 sites during the final assessment. The visitors were therefore unclear how the assessment of learners at different sites, under different conditions and with different service users and carers, provides all learners with an equal opportunity to demonstrate their progression and achievement. In addition, as the visitors were unclear about how the final assessment was undertaken in practice-based learning, the visitors were unable to determine whether the final assessment in practice-based learning is appropriate to, and effective at, measuring the learning outcomes. As such, the visitors require the education provider to demonstrate how they will ensure the final practice-based assessments provide fair and reliable measure of learners' progression and achievement and that, the method used can appropriately and effectively measure the learning outcomes.

**6.5 The assessment methods used must be appropriate to, and effective at, measuring the learning outcomes.**

**Condition:** The education provider must make clear in the module form which learning outcomes are assessed by which assessments.

**Reason:** The visitors reviewed the module forms submitted as well as the module assessment section of the education provider's website. The visitors identified lists of the learning outcomes and details of both the summative and formative assessments for each of the modules. However, they noted that the form did not make clear which components of the assessments assess which learning outcomes. When discussed with the programme team they were unable to provide further clarity about which assessment methods assessed the relevant learning outcomes. Due to the lack of clarity in the documentation, it was difficult for the visitors to determine how the assessments would be used to decide whether the learning outcomes, and subsequently the standards of proficiency have been met. Therefore, the education provider must update the module forms so it is clear which learning outcomes are assessed by which assessment.

## Section 5: Outcome from second review

### **Second response to conditions required**

The education provider responded to the conditions set out in section 4. Following their consideration of this response, the visitors were satisfied that the conditions for several of the standards were met. However, were not satisfied that the following conditions were met, for the reasons detailed below. Therefore, in order for the visitors to be satisfied that the following conditions are met, they require further evidence.

#### **6.3 Assessments must provide an objective, fair and reliable measure of learners' progression and achievement.**

#### **6.5 The assessment methods used must be appropriate to, and effective at, measuring the learning outcomes.**

**Condition:** The education provider must demonstrate that the final practice-based assessment is a fair and reliable measure of learners' progression and achievement so that the assessment methods are appropriate to and effective at measuring the learning outcomes.

**Reason condition not met at this time:** In their response to this condition, the education provider explained how they would ensure standardisation in practice-based learning. The education provider explained that they organise training seminars - which focus on clinical placement III, amongst other things - for lead and clinical tutors at the start of the programme and every five years thereafter. They added that visiting tutors will randomly select and visit four out of the twelve practice-based learning sites on a yearly basis. In addition, the education provider supplied a checklist that has been added to their Clinical placement handbook to assist tutors in standardisation.

From their review, the visitors were unclear how standardisation in assessment would be achieved if tutors were only trained at the start of the programme and after every five years. For example, the visitors could not determine how information from and / or changes made as a result of the training would be disseminated across all practice-based learning sites to ensure parity, given the length of time between training sessions. Additionally, the visitors were unclear how visits to four randomly selected sites will provide standardisation for the final assessment of clinical competency across the twelve different sites. For example, the visitors considered that as the visits would be randomly selected, it would be possible that a practice-based learning site would not

be visited during the five years. As such, the visitors could not determine how the education provider will ensure the final assessments undertaken at each site will demonstrate fairness and be a reliable measure of a learner's ability to meet the learning outcomes. The visitors therefore require assurance that the assessment at every practice-based learning site demonstrates parity to ensure the learning outcomes are met by the end of the programme.

The visitors also noted that the education provider stated that alternative assessment methods would be used to assess learning outcomes where there is a lack of patient cases, should the learner be prevented from achieving a particular learning outcome. As no details were provided about what these alternative methods could be, the visitors were unclear how a learning outcome can be achieved satisfactorily in the absence of appropriate patient cases. For example, the visitors were unclear about how the education provider will be able to assess competence in practical skills in the absence of examining a patient. The visitors were unable to determine:

- the range of the alternative methods and how they are appropriate to measuring the learning outcomes;
- the processes in place to ensure any alternative assessment methods ensure fairness and are a reliable measure of a learner's progression and achievement; and
- whether there are any critical points where alternative methods cannot be used to achieve certain learning outcomes.

As the visitors were unclear how the systems the education provider has in place would ensure the final practice-based assessments provide a fair and reliable measure of learners' progression and achievement, the visitors could not determine that this condition was met. Likewise, due to the lack of clarity around the alternative methods that would be used to assess learners in the absence of suitable patient cases, the visitors could not determine that the condition was met. They therefore require further clarity to demonstrate this condition is met.

**Suggested documentation:**

- Evidence of a robust mechanism that the education provider has in place to ensure that assessments demonstrate fairness and are a reliable measure of a learner's progression at the twelve different sites.
- Evidence showing how the education provider will ensure all practice educators are kept up to date with developments about the programme, in a timely and consistent manner, to ensure objectivity and fairness in assessment.
- Evidence demonstrating the alternative methods that would be used to assess learners where a lack of patient cases is preventing them from achieving a learning outcome. Examples of these could be updated module descriptors / practice handbook clearly showing the alternative assessment methods and associated processes.

**6.5 The assessment methods used must be appropriate to, and effective at, measuring the learning outcomes.**

**Condition:** The education provider must make clear in the module form which learning outcomes are assessed by which assessments.

**Reason condition not met at this time:** The visitors reviewed the Orthoptics MSc Assessment of learning outcomes document and the module forms as response to this

condition. From their review the visitors noted that the document highlighted the learning outcomes for each module and the components of assessments that would be used to assess each learning outcome. The visitors are aware that clinical and tutorial formative assessments cannot by definition, be used to formally assess a learning outcome. However, they noted that there are two learning outcomes (LOs) in different modules where this is the only method of assessment being used. These include: LO - Analyse and interpret a visual field readout in Ophthalmology I and LO – Demonstrate an understanding of evidence based practice to enhance clinical decision making in Orthoptics II.

The visitors also noted that there are many assessments that have been indicated to assess learning outcomes but they do not exist in the module forms. The Assessment of learning outcomes document submitted shows different assessments to those in the module forms and refers to Multiple-choice questions (MCQs), Short-form questions (SFQs), practice-based learning (PBL), Case report, Seminars, Workshops, Clinical formative, Tutorial formative and Clinical placement. The visitors were therefore unclear which document provided the correct information. As the module forms are the official documents that will be used by learners as well as educators, the visitors considered that the module forms should show the correct information.

The visitors also noted that in the Assessment of learning outcomes document, several modules were only assessed by, for example, one assessment despite multiple assessment methods being outlined in the module form. For instance, the module form for Orthoptics I shows there are three assessments: a written exam (weighting 60%); PBL (weighting 20%); and case report (weighting 20%). Within this module there are nine learning outcomes and three (i. Age-related normative values for visual development; ii Classifying normal binocular single vision; iii Consent, confidentiality, information governance, safeguarding and ethics) are only assessed by the MCQ. The visitors noted that the documentation states that the pass mark for Masters modules is 50%. The visitors were therefore unclear if, for instance, a learner fails the MCQ with a mark of 35% (and therefore has not met these three learning outcomes) but passes the PBL and case report with a mark of 80% in each, if this would mean the module is passed. This issue similarly applies to other modules: Ophthalmology I, Orthoptics II, Ophthalmology II, Research Methods & Stats and Sale, supply and administration of medicinal products. The visitors were therefore unclear how the assessment methods ensure all learning outcomes within a module would be met.

As the visitors were unclear about how each method of assessment would be used to assess the learning outcomes, they could not determine how these components of assessments will effectively measure the learning outcomes. Additionally, as the visitors considered that the clinical and tutorial formative assessments could not be used effectively to assess a learning outcome and because the assessment information has not been made available in the module forms, they could not determine that this condition has been met. The visitors therefore request further evidence to determine whether this condition is met.

#### **Suggested documentation:**

- For learning outcomes where only clinical or tutorial formative assessments are to be used, evidence which shows how these learning outcomes can be assessed effectively and appropriately.
- Updated module forms showing clearly the methods of assessment that would be used and how they would ensure each learning outcome is measured.

## Section 6: Visitors' recommendation

Considering the education provider's response to the conditions set out in section 4, and the request for further evidence set out in section 5, the visitors are not satisfied that the conditions are met for the reason(s) noted below, and recommend that the programme(s) are not approved / must continue to run as previously approved / have their approval withdrawn.

This report, including the recommendation of the visitors, will be considered at the 26 May 2021 meeting of the ETC. Following this meeting, this report should be read alongside the ETC's decision notice, which are available [on our website](#).

### **6.3 Assessments must provide an objective, fair and reliable measure of learners' progression and achievement.**

### **6.5 The assessment methods used must be appropriate to, and effective at, measuring the learning outcomes.**

**Condition:** The education provider must demonstrate that the final practice-based assessment is a fair and reliable measure of learners' progression and achievement so that the assessment methods are appropriate to and effective at measuring the learning outcomes.

**Reason condition not met:** The documentation submitted before the visit referred the visitors to the Module Assessment and the Overarching Principles of Assessment sections of the education provider's website. From their review, the visitors identified the different assessment methods as well as the different principles governing assessments which apply to all programmes delivered at this education provider. From discussions at the visit, the visitors understood that the final practice-based assessments would be undertaken at twelve different practice-based learning sites around the country. The visitors were unable to determine how the education provider would ensure standardisation across the twelve sites. The visitors set a condition requiring the education provider to submit further evidence showing how the final practice-based assessment would fairly and reliably measure learners' progression and achievement and how the assessment methods would appropriately and effectively measure the learning outcomes.

In the first conditions response, the education provider explained how they intend to ensure standardisation across the twelve different practice-based learning sites. This included organising training seminars for lead and clinical tutors at the start of the programme and every five years. They also mentioned that visiting tutors would randomly select and visit four out of the twelve practice-based learning sites on a yearly basis and they provided a checklist within the clinical placement handbook to assist tutors in ensuring standardisation. The visitors were unclear how these measures would ensure standardisation in the final practice-based assessments. For instance, they could not determine how information passed and / or changes made as a result of the training would be disseminated across all the twelve sites to ensure parity, given the length of time between the training sessions. As a result, the visitors were not assured of how the final assessments undertaken at different sites, with different tutors and different patients, would ensure objectivity, fairness and reliably measure learners' progression and achievement. As such, they again requested further evidence of how this condition is met.

In their second conditions response, the education provider submitted an updated clinical placement handbook which included a clinical competency rating form that would be used by clinical tutors when assessing learners in practice-based learning. They also provided a background scoring document, an internal document used across the education provider for scoring practice-based learning competencies. In addition, the education provider submitted updated responsibilities of visiting tutors in line with their updated assessment strategy and an updated student handbook which detailed the alternate methods for learners who are unable to meet practice-based learning outcomes. The education provider also clarified that they would be visiting each practice-based learning site annually as well as requiring clinical tutors to undertake yearly training.

Following the visitors' review of the additional evidence, they considered the evidence had not sufficiently addressed their concerns around standardisation of the final assessments across the twelve practice-based learning sites as follows:

1. The visitors noted that clinical tutors would use the clinical competency rating form and receive training that would assist them in scoring learners. Within the latest documentation, the visitors noted that the education provider had redesigned the clinical placement handbook including a competency rating form. The visitors noted that clinical tutors were required to provide a competency rating at the end of the clinical placement relating to their assessment of a learner's capability. The feedback from the clinical tutors would then be reviewed by an academic and transformed into a summative score. Due to the number of final placement settings and clinical tutors potentially involved, the visitors considered there was a potential lack of objectivity and reliability in the final score as the educationalist was not present for the assessment. Therefore the educationalist was reliant upon the clinical tutor feedback which they considered could be different depending on the tutor or site.
2. The visitors note that eleven of the 27 domains in the clinical competency rating form relate to the application of theory and clinical knowledge / skills. Even though all 27 competencies have equal weighting, some outcomes relate to communication and other aspects that are not directly related to a clinical examination or diagnosis / management plan. Due to the potential lack of objectivity and reliability in clinical tutor assessment during the final placement, the visitors remained unclear how the education provider ensured all learners graduating from the programme met the SOPs. As the education provider did not make it clear whether every aspect of the matrix (within the form) needs to be successfully passed, the visitors considered that an average score (as outlined in the bullet point above) would not guarantee a baseline competency of clinical skills. For example, the visitors understood that a learner could demonstrate good communication, with high level of professionalism and team ethos, but have limited experience / knowledge of how to examine and manage a patient clinically and still pass the placement. The visitors therefore considered there was a potential risk that learners could pass the final practice-based learning assessment without meeting all the SOPs.

Given the above reasons, the visitors considered the final assessment, had not demonstrated the ability to ensure learners have appropriate clinical competence to

ensure they meet the learning outcomes. In turn, the visitors were unclear how the standards of proficiency for orthoptists, would be met upon successful completion. The visitors therefore considered that these standards are not met and recommend the programme should not be approved.

## Section 7: Outcome of ETC

On the 26 May 2021, the ETC considered the visitors' recommendation that the outstanding condition was not met for the reasons outlined within Section 6, and the recommendation to not approve the programme. The ETC also considered observations submitted from the education provider in response to the visitors' recommendation.

The ETC agreed the programme had demonstrated that the remaining condition had been met and approved the programme. The ETC's decision notice is available [on our website](#) and should be read alongside this report. The programme now appears on our [list of approved programmes](#).