

Association of Health Professions in Ophthalmology Response to the Ofsted report

The Ofsted report states:

Most apprentices enjoy their learning. They recognise the value of the resources they have been given to help them to study. As practising ophthalmic technicians, they are committed to their vocational area. However, the curriculum has not been designed to help them develop knowledge, skills and behaviours beyond those that they had when they started the apprenticeship.

...Leaders and assessors do not make appropriate use of apprentices' prior learning and experience to plan a challenging curriculum. Most apprentices have worked for many years in ophthalmic technician roles, but this is not considered when planning their learning.

On too many occasions, apprentices are asked to complete additional work, which increases their already high workload and causes anxiety. For example, they complete additional assignments that are not required for their apprenticeship when they already have the skills.

Leaders do not ensure that the principles and requirements of an apprenticeship are met. Apprentices do not develop substantial new knowledge, skills and behaviours as many have worked in the sector as ophthalmic technicians for more than 5 years. The knowledge that they do acquire is not sufficient to claim public funds for an apprenticeship and is more akin to continuous professional development (CPD) activities that should be funded by their employer.

AHPO's response

Apprentices may have a number of different job titles prior to commencing the apprenticeship including ophthalmic technician, ophthalmic assistant and ophthalmic science practitioner; they are usually working at level 3 with a job role and job description relevant for that level. The apprenticeship develops their knowledge, skills and behaviours (KSBs) so that they can work as an ophthalmic Healthcare Science Associate at Level 4. The apprenticeship includes a Level 4 Diploma in Healthcare Science (HCS) and details of the apprenticeship standard can be found on the IFATE website at <https://www.instituteforapprenticeships.org/apprenticeship-standards/healthcare-science-associate-v1-0>. The curriculum for the Level 4 HCS Diploma – a BTEC Diploma awarded by Pearson – is approved by the National School of Healthcare Science (part of NHS England). A list of the units that comprise the Level 4 BTEC Diploma can be seen in Appendix A.

There is no other ophthalmic-specific accredited training or qualification for staff who undertake ophthalmic diagnostic tests at levels 3 and 4. They may have completed the care certificate or have a level 3 Diploma in Health and Social Care or similar, and will have received variable in house training in the performance of ophthalmic diagnostic tests. It is our experience, confirmed by the skills scan undertaken at induction, that they may have some knowledge of general anatomy and physiology but limited knowledge of the anatomy, physiology and pathophysiology of the visual system, how the diagnostic equipment identifies and measures the pathology they are investigating, and how patient difficulties

and artefacts can compromise the test outcome. Most have no or limited knowledge and experience of audit, quality assurance and scientific methods, teaching and training junior members of staff, epidemiology and public health, ophthalmic pharmacology or microbiology. The additional KSBs they acquire during the apprenticeship enhance their ability to assess the quality of the test result and how to identify unexpected outcomes and report these to a more senior member of the team; to develop existing skills in the performance of diagnostic tests and acquire new skills; to have responsibilities for equipment management; and to train, line manage and quality assure the work of more junior members of the team.

Although we undertake a comprehensive skills scan at the commencement of the apprenticeship we appreciate that we did not make it sufficiently clear to the inspectors the range of KSBs apprentices possessed at the commencement of the apprenticeship and those they needed to acquire by the end of the apprenticeship. To ensure that there is clarity for any subsequent inspection we have updated our skills scan so that KSBs will be documented in greater detail and will be supplemented with an audio recording of the induction. We can only grant accreditation for prior learning if the apprentice has valid documentation, generally unavailable for work-based training, as otherwise the Pearson Standards Verifier will not accept that the assessment criteria for the BTEC Diploma have been met. The Standards Verifier has agreed that we can cover areas where there is some but insufficient prior learning with recorded professional discussions uploaded into the eportfolio, and by this means we can ensure prior experience is taken into account without compromising the awarding of the Diploma.

We did not witness any of the interviews between the apprentices and the inspectors as they were all undertaken by telephone, but two mentors interviewed by an inspector sent us the following:

“Having read the Ofsted report, I am quite shocked at how this has been interpreted, and actually would challenge some of the accuracy to what our actual responses were.

We had a teams meeting with the Ofsted inspector, though had to convert this to a telephone call due to IT issues. Myself and Z... (Deputy Clinical Lead of Eye Outpatients) were both present, and able to verify each others accounts and responses given.

In terms of responses, we have found the apprenticeship that our two apprentice ophthalmic technicians have been on to be most beneficial in terms of their own professional development, the department, and most importantly, the patient service.

What has been mitigated from the responses written is the following benefits that we did mention:

- *Apprentices have developed their leadership and management skills throughout the apprenticeship. This was not a major part of their role before the apprenticeship, so a clear change in role directly as a result of learning acquired from the apprenticeship modules. They have been supported in leadership and management skills through dedicated support from 1 x ophthalmic imaging specialist and 1 x registered deputy clinical leader.*

- *Apprentices have taken an active lead in teaching and education of new skills for the ophthalmic technician's, having again shown tremendous development in skills associated with this. These skills are relevant to what has been learnt theoretically, and the apprentices have demonstrated the ability to transpose this into practice. Moreover, they can disseminate knowledge, in interesting ways, utilising IT systems, to facilitate the learning in others.*
- *Having recently gone through supervised practice observations modules, I can independently certify that a whole host of new knowledge has been gained, directly as a result of the apprenticeship. The apprentices have undergone protected time for research, to gain a deeper understanding of many ophthalmic related topics, including refraction, imaging and visual field testing. This course has helped them understand the tasks they were previously performing. This better enables the information given to patients. They were both able to illustrate this knowledge through practiced oral questioning, which has been documented in the direct observation templates.*
- *In terms of supporting the apprentices, our health roster shows that we have always given the allocated protected study of 20% to each of the apprentices. Furthermore, our allocations show proof of multiple other additional study days/protected time with assessors, whereby they are super-numerary and not counted in the numbers. We also facilitate regular meetings with their course tutor, ourselves and the apprentices via teams, and sometimes in person. We are always all present, and make protected time to have these meetings.*
- *On another note, I wish to commend how supportive JT (assessor) from AHPO has been from day 1. This support has been invaluable to both us as assessors, and to the apprentices. JT has always made time for us when we have had queries, and been a fountain of knowledge, to help guide us all through e-cordia. We really appreciate everything she has done, and is doing.*

I hope these responses help to clarify our real opinions.

If you require any further information, please do not hesitate to get in touch. “

The Level 4 Healthcare Science Diploma, with 125 credits, is equivalent to the first year of a three year Bachelor of Science (BSc) Honours degree, which has a total of 360 credits. Apprentices who complete the Diploma are granted exemption from the first year of the University of Gloucestershire Healthcare Science Degree Apprenticeship in Healthcare Science / Ophthalmic Imaging. If it were accepted that “Apprentices do not develop substantial new knowledge, skills and behaviours as many have worked in the sector as ophthalmic technicians for more than 5 years. The knowledge that they do acquire is not sufficient to claim public funds for an apprenticeship and is more akin to continuous professional development (CPD) activities that should be funded by their employer” their opportunities for career progression would be limited.

The Ofsted report states:

Assessors do not meet with all apprentices regularly enough. For some apprentices, the gap between progress reviews is too long.

Progress reviews are too brief and place a disproportionate focus on assessment completion as opposed to developing the knowledge, skills and behaviours that they need to make a greater contribution at work. ...Leaders do not ensure that employers and workplace mentors attend apprentices' progress reviews regularly...

AHPO's response

We agree that in several cases our learner reviews have not been undertaken regularly enough and recorded as reliably as they should. We do have a template for our learner reviews that is comprehensive and all areas are discussed but documentation can be summary with insufficient detail. Some assessors audio-record the reviews, and in future we will ask all assessors to do this.

Extensive efforts are made to include mentors and managers in progress reviews but this often proves difficult owing to their heavy NHS workload for apprentices and workplace staff. We ask mentors and line managers who are unable to attend review meetings to add comments to the Learner Review document, but they do not always respond to this request (and our attempts to obtain employer input has been a reason for the delay in uploading learner reviews into the portfolios). In future we will make even greater efforts to ensure their participation.

We were aware and had been addressing the delays in learner reviews, and since the Ofsted visit we have ensured that all reviews which had been undertaken have now been properly documented in the eportfolios. This has shown us that at the time of the inspection all learner reviews had actually been undertaken within three months except for one at 6 months but we accept that this was not evident to the inspectors. We accept we need a better audit trail for the reviews and are putting this in place.

The Ofsted report states:

Apprentices do not receive any teaching as part of their apprenticeship, and they learn very little. Apprentices are provided with learning resources to study, and they subsequently pass due to their extensive experience and knowledge of the sector...

Although apprentices are successful at end-point assessment, this is due to their extensive experience prior to them starting the apprenticeship.

AHPO's response

The apprenticeship standard specifies that we should develop apprentices as independent learners. We were concerned from the outset that this could be problematic, as there were very few learning resources suitable for the course at this level in such a specialised area. Therefore we prepared 13 eBooks along with a published electronic anatomy and physiology textbook that we provide on a tablet, that cover all the content required for the BTEC Diploma. We also provide other learning materials that include PowerPoint presentations

and training videos that can be accessed from the eportfolio. The eportfolio contains detailed and clearly presented assessment plans so that the apprentice understands what they need to know and how they should demonstrate their knowledge, understanding and practical skills. In essence we have sought to provide learners with the resources they need and our assessors provide guidance in how to develop their learning skills.

In the **Apprenticeship funding rules for main providers August 2022 to July 2023 Version 2** it is stated:

“P51 Within the apprentice’s normal working hours, it is up to you and the employer to discuss, agree and document when, where and how the off-the-job training is delivered. It can:

P51.1 Include training that is delivered at the apprentice’s normal place of work (but away from their productive job role);

P51.2 Be delivered evenly over the duration of the apprenticeship (e.g. regular day release) or it can include block release (including front loaded training); or

P51.3 Include interactive online learning (virtual classrooms) or self-directed distance learning. The entire apprenticeship must not be fully delivered by self-directed distance learning.

and

P52.2.1 Active learning does not need to be face to face delivery by the training provider; it can also include, for example, mentoring by the employer (where this activity has been agreed and documented as part of the agreed training plan), virtual classrooms, online learning or the apprentice completing an assignment.”

We do not have a fixed starting date for our apprenticeships so classroom delivery whether face to face or online is not an option. Our assessors are in weekly contact with learners via the portfolio and provide support, clarification and feedback. We are in the process of enhancing our learner support and are developing our learning management system and will be hosting webinars as well as sessions for group feedback from learners. In addition, we have modified our specification so that when an apprentice has completed a unit of the course they will have an audio-recorded review with their assessor, during which the KSBs acquired during the previous unit are documented and the teaching and learning required for the following unit is identified and supported.

We were concerned that the Ofsted inspectors concluded that “Apprentices do not receive any teaching as part of their apprenticeship, and they learn very little.” The Lead Inspector said: “This evidence for this statement came from comments from apprentices and employers, who reported that apprentices did not develop significantly from their starting points.” Pearson, the body responsible for awarding the BTEC Diploma, is accountable to Ofqual and must demonstrate that learners awarded the BTEC meet the course specification. It is the role of the Pearson standards verifier (SV), supported by a subject specialist, to ensure that learners are achieving the knowledge, skills and behaviours (KSBs) set out in the curriculum. They have full portfolio access and undertake regular reviews of learner assessments; the SV undertakes regular site visits, observations of assessments, interviews with learners, assessors and senior leaders, and reviews our standardisation

procedures. All our Pearson reviews have been positive. Pearson standards verification does not assess the quality of teaching and training, but does provide evidence that apprentices are learning, and includes reports from the apprentices and learners. Below are comments made to Pearson's Standards Verifier when he contacted six learners in May to obtain their feedback (he met two in person and the others virtually). He reported that:

"All six are enjoying the Healthcare Science programme and are pleased with their progress so far...All the learners interviewed praised the support provided by their Assessor, their Mentor and their departmental colleagues. All six feel they have gained a broader and deeper understanding of the principles underpinning their work since starting the programme. When asked for specific examples, learners gave the following responses:

Learner 1: Greater understanding of anatomy and physiology, particularly with regard to abnormalities of the eye and patient symptoms.

Learner 2: Enhanced leadership and management skills which have made her a more effective trainer of junior staff.

Learner 3: Feels much more confident in her work since starting the programme. Broader understanding of how her department's work fits into the overall healthcare science picture.

Learner 4: Much deeper understanding of various aspects of ophthalmology such as retinal cell function. Now able to take more responsibility in the department, including training.

Learner 5: Far greater understanding of many aspects of ophthalmology, such as the blood/retinal barrier and patient imaging. Feels much more confident now talking to clinicians in the department.

Learner 6: Now has better research and problem solving skills. Feels more confident in her work."

Our own recent feedback produced similar responses. Four apprentices have now completed and all have passed their EPA on first attempt. Another will shortly undertake the EPA. We sent the apprentices a questionnaire and here are their responses:

Has your job title and grade or pay scale changed since undertaking the apprenticeship?

- ❖ ***Apprentices 1 & 2:*** Yes we were promoted to level 4, from SHCA (level 3) to Assistant Practitioner in Ophthalmology
- ❖ ***Apprentice 3:*** When I started an apprenticeship, I was a Band 3 ophthalmic technician. Throughout the course, I successfully applied for a Band 4 Senior ophthalmic position. After completing the apprenticeship course, I successfully applied for a Band 5 ophthalmic photographer role.
- ❖ ***Apprentice 4:*** No I am still at the same band (in the same role) as before I started, maybe this will change in the future?
- ❖ ***Apprentice 5:*** Since I have finished my course I have been titled officially as a Senior Ophthalmic Technician. I have been promised to have my promotion this summer to upgrade to Band 5 and I am really looking forward to it.

Has your job role changed, e.g., performing new skills, assessments and investigations, having more responsibilities such as quality assurance, and training other staff? Put anything you think is relevant here.

- ❖ **Apprentices 1 & 2:** Training other staff in technician roles as well as training the community hospital staff to perform OCT and VF (apprentice 1); supervising the band 3's, point of contact for their HCA's to relay any concerns they would like escalating; point of contact for Zeiss (machines and servicing) (apprentice 1); calibrate the tonometer's weekly; perform pachymetry, GAT, nurse-led assessment clinics (macular, glaucoma, diabetic macular, neuro); updating SOP's (apprentice 1); Van Herrick, slit lamp skills, added drops skills such as Lidocaine combined drop.
- ❖ **Apprentice 3:** My job roles and responsibilities changed throughout my career. I gained more responsibility for my workload. I developed new skills, teaching a new staff member, line managing staff, providing high-quality OCT images, running a virtual clinic and reviewing images.
- ❖ **Apprentice 4:** My job role has not changed – completing the apprenticeship has not given me more responsibilities or a higher grade. I am still doing the same job I did prior to the apprenticeship. In my own department – there is a sense that another course is more preferable to them (an OCT course) and therefore they do not see potential in me to give me higher grade/responsibility.
- ❖ **Apprentice 5:** I have been receiving more positive feedback from my team members, including doctors, managers, colleagues, as well as more thanks from patients and their relatives...
My mentor who is my Lead Ophthalmic Photographer/technician is giving me more responsibilities to teach new starters and students about their roles and equipments they need to learn. Also get asked about my opinion more about the new staff, whether they've gained their confidence to use equipment on their own and are ready to sign off competency certificates.

Have your behaviours and attitudes changed, e.g., do you feel more confident, have greater self-esteem, can take on new challenges, solve problems etc?

- ❖ **Apprentices 1 & 2:** Feel ready for new challenges, grown in confidence and feel staff morale has increased.
- ❖ **Apprentice 3:** I am confident in my role and starting to sell belief as I worked hard to get where I am today. I take on new challenges than opportunity arises, as I want to improve my development skills even further.
- ❖ **Apprentice 4:** The apprenticeship course has definitely made me think more about reflecting on my everyday activities in and outside of work and given me more scientific knowledge and basis to my role. I have grown with confidence with my experience in my role but have been doing the apprenticeship alongside my own growth within the department so it isn't all down to the study but the study definitely played a part in giving me more knowledge which I put in to practice within my job role duties. It has been a journey of personal and professional development for sure and I would recommend anyone starting it to really commit to it 100% and keep plowing through, there were moments when I felt overwhelmed by the amount of work to complete but I kept on track and found the layout easy to follow and it is in manageable chunks and reflection is a big part of looking at how far you have come and being willing to step outside of your comfort zone.

- ❖ **Apprentice 5:** *I have studied nursing back home 25 years ago and worked as a nurse in Turkey; This apprenticeship helped me to recap on my knowledge, remember the information I've forgotten and develop a better understanding of the recent viewpoints to new treatments, thoughts and technology as I feel that I am a nurse now. My confidence increased in the sector I work in and I am ready to take new challenges, continue to study for next achievements and take on more responsibilities.*

Have attitudes and behaviours of colleagues towards you changed, e.g., do you find doctors and other clinical staff are more likely to seek your opinion and advice etc.?

- ❖ **Apprentices 1 & 2:** *Other allied health professionals tend to ask us as point of contact for all machines and equipment. Consultants are discussing our nurse-led clinics with us. We are a point of contact for all neuro VF requests from the Endocrine team also.*
- ❖ **Apprentice 3:** *Some of my colleagues will ask for a piece of advice and ask me to teach them new skills. The doctors always come to me if they need anything, knowing I will help them if I can.*
- ❖ **Apprentice 4:** *Nobody seeks my opinion or advice at my level. I do like to share my knowledge and I am keen to engage with new starters in the team and ensure they are given the support to learn and grow in their role, I find it rewarding to train them and help them gain competencies and confidence within their duties.*
- ❖ **Apprentice 5:** *I work collaboratively more often with Nurse Practitioners and help out with their audits and research. I finish the tasks with more ease with my new knowledge. Some doctors prefer to work with me now as my managements and problem-solving skills also improved; reporting incidents to the relevant departments. Some doctors are looking for me sometimes in the clinic, as they know I can do the best investigative practice at work. My knowledge of anatomy and physiology has improved as the doctors can see better quality of scans and fundus photography to the relevant investigations.*

Has the apprenticeship changed how you interact with patients and how patients respond to you?

- ❖ **Apprentices 1 & 2:** *We already have a rapport with the patients, I don't feel like that has changed hugely, they are just glad to be seen. Sometimes are happier to be seen by nursing staff as we treat them more holistically.*
- ❖ **Apprentice 3:** *The apprenticeship gave me the skills to continue my career and further development. I learnt so much about how to be a line manager, provide excellent care to our patients, and look after our staff.*
- ❖ **Apprentice 4:** *No I have grown in confidence but cannot put that all down to the apprenticeship, but it has contributed.*
- ❖ **Apprentice 5:** *The course I have done made me aware that I am already doing the right healthcare practice, but now I feel I am professional with less mistakes and more positive feedbacks. The way I walk the corridors more confidently now. I am receiving more verbal and written positive feedback from patients, relatives and team members.*

Anything else you think is relevant

- ❖ **Apprentices 1 & 2:** *Hugely proud of what we have achieved. Will always be grateful to Rosalind, David and Jane for all their enthusiasm during the course, and continued help and support. Especially as our own manager moved Hospitals which was demoralising at the time, so we were lucky to still had the backing of the AHPO team thank goodness.*
- ❖ **Apprentice 4:** *The course is very informative and there are plenty of materials provided to learners and you have a mentor in your department assigned to you, i was allowed to change Mentor halfway through as my first mentor was not providing any support or guidance at all, so was discussed at review and changed and that helped a lot. I definitely feel proud for having accomplished and completed this apprenticeship – there is a lot of work to complete (as there is with any course of study) but it is manageable if you commit to it and work hard and keep on track. It was a mostly enjoyable course to complete.*

We have tried to work out how the learner feedback obtained by the Ofsted inspectors differed so much from that obtained by Pearson and by ourselves. We realise that the Ofsted team, with limited time available, inevitably had to telephone the apprentices in the midst of their very busy clinics. Eye clinics are currently running under great strain following the pandemic backlog and those interviewed were likely to be in a stressed state and eager to rush back to their clinics. In this situation it is easy to understand that they would not have been able quickly to collect their thoughts to answer such broad questions such as “Tell me what you learnt in the eBooks” or “Tell me what you know about anatomy” (these are actual questions which an Ofsted inspector told us that they had asked).

The Ofsted report states:

Apprentices are motivated to study for a qualification that supports career progression and recognition of their technical skills within the NHS. However, for too many apprentices, particularly those for whom English is an additional language, state that the volume and frequency of written assessment are too great, and they become demotivated over time.

AHPO’s response

The total volume of assessments for a qualification is determined by the requirements of the Awarding Body, but the provider does have some discretion as to the form, size and frequency of the evidence that learner’s need to submit. Long assignments can be daunting for inexperienced learners and we have opted for “bite-sized chunks” particularly in the earlier part of the course. We accept that our delivery has been too reliant on distance learning and insufficiently interactive, and have revised our specification to include more professional discussions, with at least one professional discussion included in most units. As the BTEC Diploma is a work based programme Pearson do not permit assessment by multiple choice examinations (MCQs). We do include optional MCQ exams for knowledge units so that learners can check that they have retained the knowledge they acquired through their study.

We have 4 current apprentices for whom English is a second language and happily they are making good progress which is comparable to native English speakers. As English is a second

language for 2 of 4 apprentices who completed on time and passed the EPA on first attempt we feel reassured that they have not been too badly affected by language issues. DfE does not fund additional English language courses but when giving feedback our assessors support ESL learners to improve their written English; we have seen ESL learners develop and improve their writing skills markedly during their course, guided by their excellent assessors – so this is a useful skill which they develop – and their self-confidence develops with it (showing their developing behaviour). We also provide an AHPO Learner Support document that includes pointers to the following resources:

English (both native speakers and as a second language)

- BBC Learning English <https://www.bbc.co.uk/learningenglish/english/>
 - English for speakers of other languages (ESOL) <https://www.esolcourses.com/>
 - Skills for Life Literacy – Accessed via NHS E-Learning for Health <https://portal.e-lfh.org.uk/> The National Literacy Trust have put together a range of resources that can support you to develop your reading, writing, speaking, and listening skills at work.
 - Many NHS trusts may have access to internal courses to support employees with written and spoken English skills, please speak to your line manager and/or local NHS training department.

The Ofsted report states:

Leaders have not planned or taught a personal development curriculum as part of the apprenticeship... They discuss fundamental British values within the context of their work but have no wider understanding of areas such as democracy or the rule of law. As a result, apprentices do not develop their broader understanding of life in modern Britain throughout their apprenticeship.

Leaders do not ensure that apprentices receive any careers education, information, advice or guidance. Too many apprentices do not have a clear understanding of the opportunities available to them once they have completed their apprenticeship.

AHPO's response

Personal development and career progression is included in the Diploma course: in *Unit 2 Learning Outcome 2 Understand the structure of the healthcare science workforce and the role of the Healthcare Science Associate* which is assessed with an assignment in which the apprentice must describe the healthcare science career pathway and think about and describe their role as a Healthcare Science Associate; and in *Unit 10 assessment criteria 2.10 Evaluate sources of information and advice on own occupational training and career and 2.11 Develop a career plan appropriate to own position*. We did point this out to the Ofsted inspectors but this was considered insufficient. We will now include discussion on British Values and Prevent as Ofsted has recommended. We have introduced recorded reflective reviews undertaken at the end of each unit where discussion of careers education, information, advice or guidance and the wider social aspects of life in Britain will be documented more clearly.

The Ofsted report states:

Leaders have recruited highly knowledgeable and experienced practitioners as assessors. However, they do not encourage or support assessors to complete CPD related to their teaching practice. As a result, apprentices do not benefit from effective design and assessment of the curriculum to help them learn.

AHPO's response

Our senior assessors are highly knowledgeable and experienced practitioners who have extensive knowledge, skills and experience in workplace teaching, training and assessing, including the design, development and delivery of teaching and training programmes. All our assessors are required to undertake CPD and we have taken note of Ofsted's recommendation to further enhance their skills, for example by including appropriate additional professional development in the preparation and delivery of digital learning in their Personal Development Plans.

The Ofsted report states:

Leaders do not ensure that they have quality assurance processes that extend beyond the requirements of the awarding organisation. They do not routinely gather or use data effectively to identify the strengths and weaknesses of the apprenticeships that they provide, for example using attendance data to identify when assessor reviews have been missed. Those responsible for governance do not have sufficient information to be able to hold leaders to account and improve the quality of training that apprentices receive.

AHPO's response

We accept that our data collection has not been perfect and requires improvement. Our quality improvement processes and procedures including our 13 KPIs are described in the AHPO Vision Statement which unfortunately we did not present to the inspectors (included here in Appendix B). We will include quality assurance data measured against the KPIs in the Head of Centre and Lead IQA reports presented at the four-monthly Trustees' Board meetings and in the regularly updated Self-Assessment Report, and will also discussed and actions agreed at AHPO Executive meetings and Assessor & IQA meetings.

APPENDIX A

Summary of the course structure for BTEC Level 4 Diploma

Unit number	Mandatory units	Level	Credits	Guided learning
1	Skills for Lifelong Learning	4	2	16
2	Professional Practice and Person-centred Care	4	5	40
3	Legal and Ethical Context of Practice	4	3	24
4	Health, Safety and Security in the Healthcare Science Environment	4	3	25
5	Technical Scientific Services	4	5	40
6	Effective Communication in Healthcare	4	4	35
7	Audit, Research, Development and Innovation	4	5	20
8	Leadership and Teamwork	4	3	24
9	Teaching, Learning and Assessing Practical Skills	4	4	32
10	Continuing Personal and Professional Development	4	3	20
Unit number	Optional units	Level	Credits	Guided learning
11	Scientific Basis of Healthcare Science: Clinical Science	4	25	200
14	Scientific Basis of Healthcare Science: Epidemiology and Public Health	4	10	80
64	Scientific Basis of Neurosensory Sciences: Applied Anatomy, Physiology and Pathophysiology: The Nervous System	4	10	80
73	Ophthalmic and Vision Science: Applied Microbiology	4	6	52
74	Ophthalmic Pharmacology	4	6	48
75	<i>Instill Eye Medication for Purpose of Investigation or Treatment</i>	4	5	40
76	Anatomy, Physiology and Pathophysiology of the Visual System	4	6	48
77	<i>Imaging the Eye with Fundus Camera and Optical Coherence Tomography</i>	4	6	48
78	<i>Measure Visual Acuity</i>	3	3	17
79	<i>Visual Field Assessment</i>	3	5	40
80	<i>Measure Optical Prescriptions and Refractive Error</i>	3	6	42
	Total		125	971*

* These are the recommended guided learning hours

The **mandatory units** are 1 – 10, with a total of 37 credits

The **knowledge units** are 11, 14, 64, 73, 74, 76, with a total of 63 credits

The **competence units** are 75, 77, 78, 79, 80 and are in italics, with a total of 25 credits



ASSOCIATION OF HEALTH PROFESSIONS IN OPHTHALMOLOGY

Vision Statement

The Association of Health Professions in Ophthalmology (AHPO) is a registered charity and a company limited by guarantee whose key objects are to promote the practice, education, training and research in the field of ophthalmology and vision science throughout the United Kingdom. Professionals who deliver eye care – ophthalmologists, orthoptists, ophthalmic nurses, optometrists and vision scientists – must attain the qualifications required for their professional registration and clinical practice, but there has been no standardised and accredited education and training for the staff who perform the diagnostic tests that are essential for clinical decision making. AHPO has worked with the UK Government’s Modernising Scientific Careers, Apprenticeship Trailblazer Groups, and the National School of Healthcare Science to develop apprenticeship standards and course curricula and specifications. Apprenticeship reforms in England made it possible for AHPO to become a registered Apprenticeship Training Provider and Pearson-recognised Training Centre and we deliver apprenticeships and BTEC qualifications nationally. At the present time there are apprenticeships and BTEC Diplomas for ophthalmic healthcare science staff at level 2 for ophthalmic assistants and level 4 for ophthalmic associates, but AHPO is seeking to partnership with a university to deliver a Level 5 diploma and apprenticeship for ophthalmic assistant practitioners. AHPO can also offer a Level 3 BTEC Diploma in Healthcare Support that includes additional ophthalmic units. The AHPO organisation chart can be found in Appendix A

Courses provided by AHPO

Courses currently offered by AHPO are listed below.

Level 2 Apprenticeships in Healthcare Science / Ophthalmic and Vision Science*
Level 2 BTEC Diploma in Healthcare Science / Ophthalmic and Vision Science*
Level 3 BTEC Diploma in Healthcare Support*
Level 4 Apprenticeships in Healthcare Science / Ophthalmic and Vision Science
Level 4 BTEC Diploma in Healthcare Science / Ophthalmic and Vision Science
Level 3 Certificate in Assessing Vocational Achievement
Level 5 Ophthalmic and Vision Science Diploma (awarded by AHPO)
Optometry Continuing Professional Development courses

*Delivery of a Level 2 BTEC Diploma and apprentice, and Level 3 BTEC Diploma in Healthcare Support will commence in 2023.

Programme Delivery Policy and Strategy

In order to deliver programmes of quality and high standards, AHPO seeks to:

- Ensure that our learners are at the centre of all our activities.
- Ensure we offer an effective and high quality education and training.
- Develop the principles and practice of lifelong learning and independent study.
- Ensure that there are audits and quality assurance procedures in place to maintain and continuously improve the of quality of programme delivery.

In order to do this, AHPO will:

- Deliver apprenticeships and externally accredited qualifications that:
 - enhance the quality of treatment and care for ophthalmic patients
 - meet employers' requirements for a skilled, competent workforce
 - provide staff with opportunities for career development and progression.
- Ensure there is an internal process in place to monitor the delivery of taught programmes, in order to confirm that there is consistency and that the quality meets the expected standard.
- Provide and implement an Assessment Policy, which describes the centre procedures to ensure that:
 - assessment methodology is valid, reliable and does not advantage or disadvantage any group of learners or individuals
 - there is accurate and detailed recording of assessment decisions
 - the assessment procedure is open, fair and free from bias, and meets the Edexcel standard.
- Provide and implement an Internal Verification Policy, which describes the procedures to ensure that:
 - there is an accredited Lead Internal Verifier for each programme subject area
 - internal verification is valid, reliable and covers all assessors and programme activities
 - there is accurate and detailed recording of internal verification decisions
 - the internal verification procedure is open, fair and free from bias.
- Provide and implement an Appeals Policy, which describes the procedures that:
 - enables learners to enquire, question or appeal against an assessment decision.
 - attempts to reach agreement between the learner and the assessor at the earliest opportunity
 - standardises and records any appeal
 - facilitates a learner's ultimate right of appeal to the awarding body, where appropriate
 - protects the interests of all learners and the integrity of the qualification
 - is open, fair and free from bias.
- Provide and implement an Assessment Malpractice Policy, which describes the procedures that:
 - identifies and minimises the risk of malpractice by staff or learners
 - responds to any incident of alleged malpractice promptly and objectively
 - standardises and records any investigation of malpractice
 - ensures that malpractice procedure is open, fair and free from bias
 - imposes appropriate penalties and/or sanctions on learners or staff where incidents (or attempted incidents) of malpractice are prove.

- protects the integrity of AHPO's qualifications.

Quality Assurance of Programme Delivery

Quality assurance of teaching and learning

What AHPO does:

The AHPO Training Centre is responsible for the development of the educational content and learning resources of AHPO programmes. Learners are provided with a series of eBooks prepared by AHPO and also published eBooks, such that learners have their own electronic library of textbooks that encompass the knowledge requirements for their course. AHPO also provides learning materials in a range of other formats including PowerPoint presentations, recorded webinars and training videos, and there is a programme for developing these resources and providing more interactive learning through the Learning Management System (LMS). Relevant sections of eBooks and other learning resources are signposted in the course Assessment Plans. Books can be accessed from the AHPO LMS and the learner's Ecordia portfolio. They can also be accessed by assessors and mentors.

Learning resources are reviewed and updated a minimum of every 3 years but more frequently if errors and deficiencies are identified, if there are changes in course specifications, or if there are developments in equipment used and procedures undertaken in the workplace. Feedback is sought from learners, assessors, mentors and independent experts on the contents of eBooks and other learning resources.

Audit and quality assurance:

- Three-year review of eBooks and other learning resources.
- Feedback from learners, assessors, mentors and independent experts on eBook and other learning resource content.
- Continuing development and review of a range of learning resources.
- Further developments of interactive resources delivered through the LMS.

Quality assurance of workplace assessment of competence

What AHPO does:

Learners / apprentices on AHPO programmes perform a range of ophthalmic diagnostic tests and procedures in the workplace. There are no nationally or professionally agreed standard operating procedures (SOPs) for the performance of diagnostic tests. There is considerable variation in standards of performance across different workplaces and no requirements for audit and quality assurance of test outcomes. The AHPO Training Centre is preparing benchmark SOPs, along with guides for the performance and the assessment of diagnostic tests. AHPO is preparing a series of videos that demonstrate best practice for the assessment of diagnostic test performance.

Audit and quality assurance:

- Yearly review of benchmark SOPs and guidance for the performance and assessment of performance of ophthalmic diagnostic tests.
- Continuing development of videos and other resources to augment training and assessment in diagnostic test performance.
- Training of assessors to ensure standardisation of workplace assessment of competence.

Quality assurance of AHPO assessments and internal quality assurance

What AHPO does:

BTEC Diplomas are part of Level 2 and Level 4 apprenticeships, and AHPO delivers the BTEC Diplomas both with and without apprenticeships. As these qualifications are awarded by Pearson, AHPO follows the Pearson EdExcel requirements for assessment and internal and external quality assurance. The same internal assessor and verification procedures are used for the Level 3 BTEC Diploma in Healthcare Support and the Level 5 AHPO Diploma. AHPO Assessment and Internal Verification Policies can be found in Appendix B. AHPO holds Assessors and IQA meetings held every two months, and agenda items include standardisation exercises for samples of assessments by different assessors, review of assessment plans timetabled over the year, reports from the AHPO Education Committee, Pearson Standards Verifier reports, and documentation and discussion of any issues that have arisen regarding equal opportunities, safeguarding and prevent.

Audit and quality assurance:

- Audit all quality assurance procedures for assessment and internal verification listed in the AHPO Assessor and IQA policies, identifying areas for improvement and providing feedback of audit outcomes.

Quality assurance of employer and learner / apprentice feedback

What AHPO does:

AHPO sends questionnaires to obtain feedback for the following:

- To BTEC learners and apprentices about their experience of enrolment and induction
- To apprentices about AHPO course delivery
- To BTEC learners about AHPO course delivery
- To employers about AHPO course delivery
- When apprentices have completed the apprenticeship they are asked to complete a case study form about their career progression.

We also review employer feedback on *Find an Apprenticeship*

Audit and quality assurance:

- Apprentice / learner feedback and satisfaction
- Employer feedback and satisfaction (obtained by AHPO and feedback on *Find an Apprenticeship*)
- Apprentice / learner complaints and compliments
- Employer complaints and compliments
- Apprentice feedback on career enhancement and progression.

Quality assurance of learner / apprentice progress*

What AHPO does:

AHPO's procedures and process for supporting and monitoring learner / apprentice progress can be found in *AHPO Supporting Learner Progress* in Appendix C. The commencement of AHPO programmes is flexible, and each learner has an Individual Learning Plan (ILP) incorporated into their ePortfolio. Learner start dates, dates of breaks in Learning (BIL), early termination dates and completion dates are collated and presented in an Excel file, collated separately for apprentices and non-apprentice learners. Data of ethnicity, any health issues or learning difficulties is also collated so that

any trends indicating discriminatory practices or insufficient support can be identified and addressed.

Learner progress is RAG rated and additional support is provided for learners whose progress falls into the amber or red categories. Off the job training (OTJT) for apprentices is also documented in the portfolio and tracked in a progress bar. Data is reviewed every two months and discussed at the Assessor and IQA meetings.

In addition to regular support and feedback for submitted coursework, assessors undertake structured reviews with action plans every one to three months with the learner and line manager. These can be exported from the Ecordia portfolio and collated.

Audit and quality assurance:

- Tracking of learner start dates, dates of breaks in learning (BIL), early termination dates and completion dates.
- Audit of outcomes for learner ethnicity, and learners with health issues or learning difficulties and comparison with the remaining cohort.
- RAG rating of progress, with amber and red presented as a proportion of the total cohort.
- Audit of learners / apprentices who leave the programme, identifying reasons for leaving the programme and lessons learned.

*Also see Quality Assurance of Apprenticeships

Quality assurance of apprenticeship training

What AHPO does:

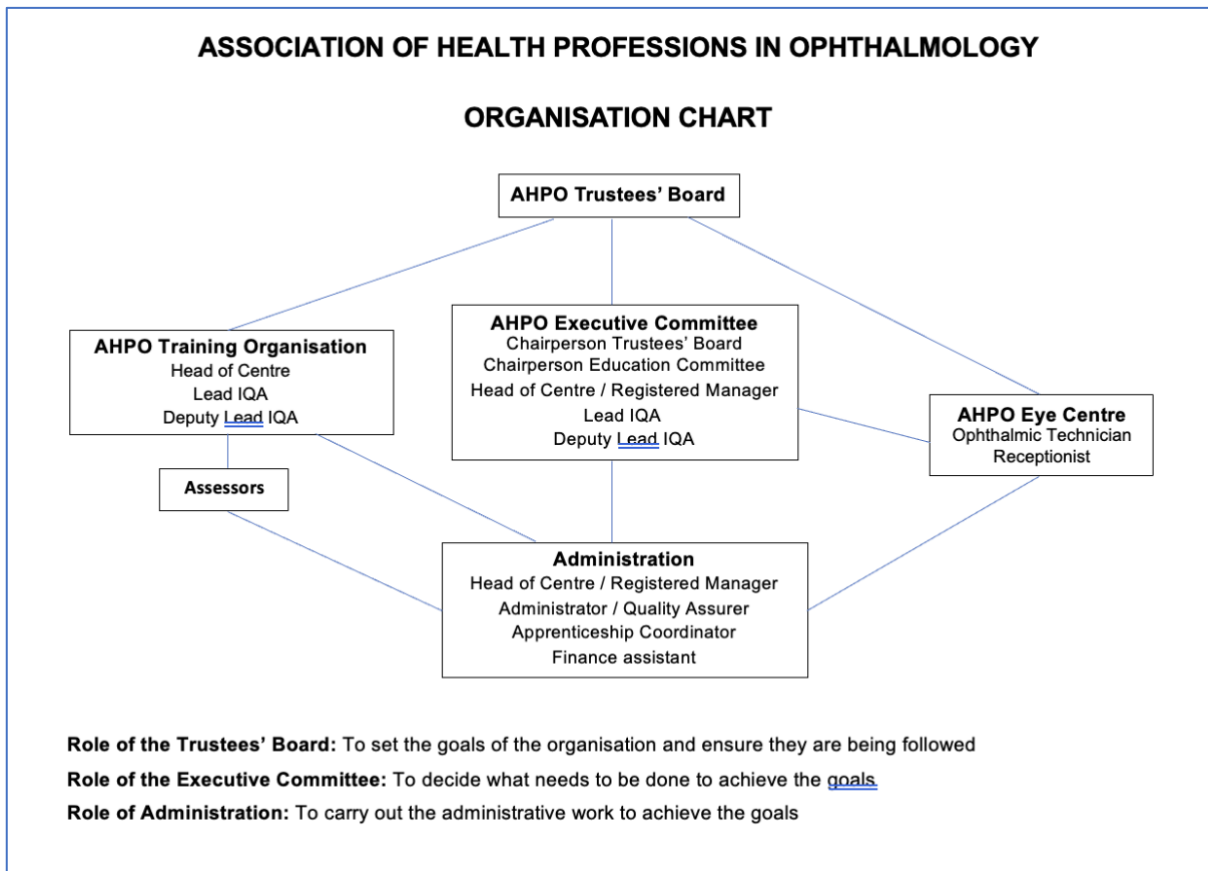
The Key Performance Indicators (KPIs) below are benchmarks for the quality assurance of apprenticeship delivery. KPIs 1 to 7 are used for quality assurance of the training of all BTEC learners with or without an apprenticeship. KPIs 8 to 13 (in purple text) are mostly specific for apprenticeships.

Quality assurance Key Performance Indicators:

1. Apprentices progress rated amber or red, and these presented as a proportion of the apprentice cohort.
2. Apprentice retention and reasons for withdrawal.
3. Absence, Break in Learning
4. Apprentice feedback and satisfaction
5. Employer feedback and satisfaction
6. Apprentice complaints and compliments.
7. Employer complaints and compliments.
8. Achievements versus planned outcome including QARs (Qualification Achievement Rates).
9. Compliance requirements are met and are of the quality required (including tripartite reviews, OTJT, action plan achievement).
10. Employer engagement pipeline and conversions.
11. Employer repeat business.
12. ILR error rate / lost and late funding.
13. Apprentice destination and outcomes - including outcomes occurring on programme (promotions, awards etc).

Outcomes for the KPIs will be collated and summarised annually, and weaknesses and poor performance will be identified and measures will be implemented to improve performance in the coming year.

Appendix A



Appendix B

Assessment Policy

Aim:

- To ensure that assessment methodology is valid, reliable and does not disadvantage or advantage any group of learners or individuals
- To ensure that the assessment procedure is open, fair and free from bias and to national standards
- To ensure that there is accurate and detailed recording of assessment decisions.

In order to do this, the centre will:

- Ensure that learners are provided with assignments that are fit for purpose, to enable them to produce appropriate evidence for assessment
- Produce a clear and accurate assessment plan at the start of the programme/academic year
- Provide clear, published dates for handout of assignments and deadlines for assessment
- Assess learner's evidence using only the published assessment and grading criteria
- Ensure that assessment decisions are impartial, valid and reliable
- Not limit or 'cap' learner achievement if work is submitted late
- Develop assessment procedures that will minimise the opportunity for malpractice
- Maintain accurate and detailed records of assessment decisions
- Maintain a robust and rigorous internal verification procedure
- Provide samples for standards verification/external examination as required by the awarding organisation
- Monitor standards verification/external examination reports and undertake any remedial action required
- Share good assessment practice between all programme teams
- Ensure that assessment methodology and the role of the assessor are understood by all staff
- Provide resources to ensure that assessment can be performed accurately and appropriately.

This policy will be reviewed every 36 months by Head of Centre.

Internal Verification Policy

Aim:

- To ensure that Internal Verification is valid, reliable and covers all Assessors and programme activity.
- To ensure that the Internal Verification procedure is open, fair and free from bias
- To ensure that there is accurate and detailed recording of Internal Verification decisions.

In order to do this, the centre will:

- Where required by the qualification, a Lead Internal Verifier is appropriately appointed for each subject area, is registered with Pearson and has undergone the necessary standardisation processes
- Each Lead Internal Verifier oversees effective Internal Verification systems in their subject area
- Staff are briefed and trained in the requirements for current Internal Verification procedures
- Effective Internal Verification roles are defined, maintained and supported
- Internal Verification is promoted as a developmental process between staff
- Standardised Internal Verification documentation is provided and used
- All centre assessment instruments are verified as fit for purpose
- An annual Internal Verification schedule, linked to assessment plans, is in place
- An appropriately structured sample of assessment from all programmes, units, sites and Assessors is Internally Verified, to ensure centre programmes conform to national standards
- Secure records of all Internal Verification activity are maintained
- The outcome of Internal Verification is used to enhance future assessment practice.

This policy will be reviewed every 36 months by Head of Centre.

Appendix C

SUPPORTING LEARNER PROGRESS

INTRODUCTION:

AHPO wishes to help all learners to follow the schedule in their Individual Learning Plan (ILP) as closely as possible. When a learner starts their course the assessor undertakes a pre-induction and then an induction meeting, followed by review meetings (monthly for 3 months then 3-monthly thereafter). These meetings provide an opportunity for the learner to raise any problems and for the assessor to provide guidance as appropriate; learners are, of course, welcome to contact their assessor in between these meetings for further assistance. This support is in addition to the constructive feedback provided by assessors when they review the work which learners submit via Ecordia. Learners should, of course, also be supported in the workplace by their mentor and line manager.

MONITORING OF LEARNER PROGRESS:

It is inevitable that, for a variety of reasons (often beyond their control), learners will sometimes fall behind. The front page of a learner's portfolio includes an indicator of the learner's progress, on a "traffic-light" basis. Assessors should keep a regular watch on the progress of the learners for whom they are responsible and do their best to support them. Progress is classified as follows:

- Green:** The learner is on schedule or less than 10% behind
- Amber:** The learner is more than 10% but less than 20% behind
- Red:** The learner is more than 20% (and up to 30% or even more) behind

TRIGGER POINTS:

A learner moving from Green to Amber is a trigger for a review, and if any issues cannot be resolved by discussion between the assessor and learner within a month, subsequent reviews must take place on at least a monthly basis. At the first monthly review the assessor will assess with the learner the reasons for their difficulties and provide advice and support as appropriate, along with the setting of very specific targets to help the learner to catch up. If adequate progress has not been made by the second monthly review the issue must be raised with the learner's Line Manager: this will be done via email by the AHPO Administrator, and the AHPO Head of Centre will be informed. Efforts will be made to work with the Line Manager to identify any service-related reasons for the learner's slow progress (eg temporary suspension of Off-The-Job-Training for which plans may have been made to make this up in the coming weeks), and also to identify ways in which the learner can receive more support with their course in the workplace.

If, by the third monthly review, progress is still inadequate the AHPO Head of Centre will raise the matter with:

- (For Apprentices) The Apprenticeship Lead at the workplace
- (For BTEC Learners) The Line Manager at the workplace

Note: If a break in learning is agreed the AHPO Apprenticeship Coordinator will document this in the Ecordia portfolio and change the target completion date. The Centre will then change the dates in the ILP in the Excel file and load this onto the front page of the portfolio. The Centre will also change the Plan Target Dates on the Yellow Plans page. The assessor

will need to change the Evidence Presentation Targets on the green Evidence pages (as they should do as needed after every Learner Review meeting.)

If at any point a learner goes into the Red this requires direct escalation to the Apprenticeship Lead (Line Manager if not an Apprentice) at the workplace by the AHPO Head of Centre.

LEARNERS WHO ARE UNCONTACTABLE

It is essential for learners to remain in regular contact with AHPO, usually via their assessor at their regular reviews.

If a learner review is not conducted after 2 reschedules this is a trigger for a formal email to be sent by the AHPO Administrator to the learner emphasising the need to have a review and including an appointment for a 3rd review. If the learner remains uncontactable and/or fails to attend this review the issue is escalated to the Line Manager by the AHPO Head of Centre.

If this happens a further time then direct escalation is required to the Apprenticeship Lead (Line Manager if not an Apprentice) at the workplace by the AHPO Head of Centre.

Ultimately, if the learner fails to progress adequately after all avenues of assistance have been explored, we will have to inform the learner and employer that we can no longer continue to offer the programme to that learner.