HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA	
SELF EVALUATION REPORT FOR RECOGNITION OF PBODO PROGRAMS **PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS**	Version 1
Original	Issued: June 2017
Frequency of Review	2 years
Responsible Person:	Deputy Company Secretary

Approved by: **HPCSA PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS**

Active date: June 2017

Date of next review	Date reviewed	Reviewed by	Action
	10 June 2020	ETR Committee	

A. ABBREVIATIONS / ACRONYMS

i.	HPCSA	Health Professions Council of South Africa
ii.	SVP	Site Visit Plan
iii.	SV	Site visit
iv.	PBODO	Professional Board for Optometry and Dispensing Opticians

B. DEFINITION OF TERMS

i.	Recognition	The recognition of academic professional programme and clinical facility by an impartial body, in this instance, the HPCSA. Graduates of recognised programmes are eligible for registration with the HPCSA, a legal requirement to practice the profession in South Africa. Recognition status is valid for 5 years.
ii.	Criteria for Programme Recognition	Acts, Regulations, standards, specified by the Professional Board with which an Institution's professional education and training programme must comply in order to be recognised.
iii.	Evaluation Panel	A team of experts appointed by the Board to evaluate an institution's professional education and training programme and facilities attached to the institution to determine whether it meets the Criteria for Programme Recognition. The panel members are external to the educational Institution.
iv.	Institution	An organization of Higher Education, offering a professional programme of education and training that leads to registration with the HPCSA.
v.	Minister	The Minister of Health of South Africa
vi.	Programme recognition	Determination by the Professional Board of whether an Institution's professional programme of education and

training meets the Criteria for Programme Recognition for registration of its graduates with the HPCSA.

vii.	Programme evaluation	Processes undertaken by the Board (once every 5 years) to assess whether an Institution's professional programme of education and training meets the Criteria for Programme Recognition for education and training in the profession.
viii.	Professional Board	A Professional Board as defined in the Health Professions Act No 56 of 1974.
ix.	Self-evaluation/ review	A process undertaken by an Institution's professional programme of education and training to assess whether it meets the Criteria for Programme Recognition.
x.	Site visit	A visit to an Institution's professional programme of education and training undertaken by the Evaluation panel for the purpose of programme evaluation. It typically involves: interviews with students, staff and the leadership; observation of student academic and clinical learning opportunities/ activities; visits to practical/ clinical training facilities; review of programme resources and documentation.
xi.	Site visit plan	A schedule of activities which the Evaluation panel will undertake during the site visit to an Institution and or practical/ clinical training facilities.
xii.	Practical/ Clinical Training facility	An organisation that offers professional practice / clinical training to students during formal periods of study.
xiii.	Programme Manager or coordinator	The manager of optometry or dispensing opticians Education programme, or any person duly delegated

C. TEMPLATE FOR THE SELF-REVIEW REPORT

The following section contains guidelines for the preparation of the self-review report to be compiled by the Institution's Professional Education and Training Programme following an in-depth self-review. This report should address all areas mentioned in these guidelines. At a minimum, description, analysis and critique must be included in the self-review report with reference to each criterion and its sub-item. A list of appendices for documented evidence in support of the response **to each criterion as well as sub-items must be developed** and the file/s in which those documents (appendices) are placed should be labelled, for ease of reference.

INTRODUCTION

Include comments on

a) **Current status** of the programme.
b) An overview of the recommendations of the **previous evaluation** and how they have been addressed.

1. CRITERION 1: PROGRAMME DESIGN

The programme is consonant with the institution's mission, has appropriate governance structures, forms part of institutional planning and resource allocation, reflects values underpinning the design, meets national professional requirements, responds to societal priorities, meets the needs of learners and other stakeholders, *measures its impact* and is intellectually credible. It is designed coherently and articulates well with other appropriate programmes, where possible.

1		2		3		4	
Does not comply		**Needs improvement**		**Meets minimum standards**		**Commend**	
did not comply with the majority of the minimum standards specified in the criteria		did not comply with all the minimum standards specified in the criterion. Problems/ weaknesses could be		minimum standards as specified in the criterion were met.		all the minimum standards specified in the criterion were fully met and in addition, good practices and innovation were	

	addressed in a short period of time		identified in relation to the criterion.

1.1. Relation to institution's mission and planning

1.1.1. There is clear institutional mission, and goals and objectives are inspired by societal needs and actively pursued to achieve the mission.

1.1.2. The mission, goals and objectives of the Programmes are clearly articulated and are consistent with the national education and health imperatives, regulatory body policies and reflects responsiveness to priority health needs.

1.1.3. There is explicit reference to the values upheld in the programme and reference to alignment with the needs of the populations served.

1.1.4. The goals and objectives of the programme provides a significant focus on the output of the programme in terms of producing graduates with knowledge, skills and competencies that are contextually relevant and who demonstrate graduate attributes necessary to serve the public effectively.

1.1.5. Information on the rationale for, and circumstances under which, the programme was developed is clearly documented.

1.1.6. The programme is explicitly socially accountable and hence informed by the needs of the society that the graduates are mandated to serve.

1.1.7. The extent to which this programme overlaps with, or differs from, the other programme/s within the institution and Optometry/ Opticianry programmes nationally is clear.

1.1.8. There are clear strategies, outcomes and targets which are used to evaluate, through stakeholder engagement, the impact and effectiveness of the programme.

1.1.9. There are mechanisms to regularly review alignment to the mission, goals and objectives of the programmes and to make revisions where necessary to ensure continuous effectiveness.

1.1.10. There are grounds on which the continued existence of this programme is justified and warranted.

1.1.11. Major threats/challenges/problems that have been associated with the programme are identified and strategies for their resolution documented.

1.1.12. Future plans for review of the programme design to maintain relevance is evident.

1.2. Governance, Management and Leadership for the Optometry or Dispensing Opticians Programme

1.2.1. There is a clear governance structure for the programme which is effective in the formulation and implementation of policies which make the programme fulfill its mission, goals and objectives.

1.2.2. There are clear, transparent and effective human resource recruitment policies for the programme.

1.2.3. There are clear and effective mechanisms for allocating resources to the programme in order to sustain and further develop the programme on a continued basis.

1.2.4. The head of the programme and academic staff for core modules of the programmes are appropriately qualified and experienced practitioners/academics who have maintained their registration with the HPCSA.

1.2.5. The academic head of the department is appropriately qualified, experienced in academia and the professions, receives necessary institutional support and engages with staff on an ongoing basis to ensure that the standard of the offerings are monitored and maintained at the highest level at all times.

1.2.6. There is a clear and effective performance management system (including stakeholder input) for academic staff and administrators in the programme.

1.2.7. The administrative support structures are adequate for the efficient and effective running of the academic programme.

1.3. Programme design in relation to the South African context and in meeting the needs of learners and other stakeholders.

1.3.1. The programme design, though globally and regionally benchmarked, is relevant to the South African context and is aligned with national health and education policies.

1.3.2. The programme clearly articulates the populations/communities it is intended to serve.

1.3.3. There is an explicit declaration of the values espoused to and evidence of its integration across the programme, e.g. equity, cost-effectiveness, relevance, quality.

1.3.4. There is evidence of engagement with the relevant communities that graduates will serve and professional bodies to enable input in identifying priority health needs that inform curriculum design and research agendas as well as to measure the impact of the programme.

1.3.5. The programme identifies and addresses the specific challenges that students experience and there is evidence of systems to enhance the learning experience of students, irrespective of demographic profile.

1.3.6. There is an awareness of which other programmes serve the same needs regionally and nationally.

	Regionally	**Nationally**
CPUT		
UFS		
UJ		
UKZN		
UL		

1.3.7. Pre-requisite skills or experiences needed in order to be accepted into this programme is provided (provide selection criteria (Annexure __).

1.3.8. Pre-requisite skills or experiences needed in order to succeed in this programme is provided.

List the pre-requisite skills/ experience that are needed to be			
admitted into the programme		**succeed in the programme**	

1.3.9. Formal stated outcomes and values underpinning the programme are available and provided to learners at commencement of the programme.

1.3.10. Stated outcomes are feasible and realistic in terms of the abilities of the target population, available time and resources and are aligned with the professional/vocational competency requirements and adult life skills that graduates will require for future employment and functioning outside the institution.

1.4.   Credit value of the programme

1.4.1.   The programme/s meets the requirements of the NQF level at which the programme/s is/are registered.

1.4.2.   There is an appropriate allocation of credit(s) at each level and that is/are awarded for successful completion of the programme(s).

1.4.3.   Credits for the programme can be applied towards fulfilment of graduate and other degree, diploma or certificate requirements.

1.4.4.   The programme offers learning and career pathways to learners with opportunities for articulation with other programmes within and across institutions.

1.4.5.   The programme fits into the overall academic offering of the sponsoring school and faculty.

1.4.6.   In which departments, if any, is the programme cross-linked? Why? How does this fit into the educational offerings of theses departments or faculties?

Complete the number of credits awarded for each year:

Credits	1st Year	2nd Year	3rd Year	4th Year	5th Year	Masters	PhD	Total
Bachelors' degree								
Master's Degree								
PhD								

1.5.   Intellectual Credibility

1.5.1.   The programme has a good international, regional and national recognition and status.

1.5.2.   Evidence of stakeholders, relevant to the eye/health care industry, involvement in the on-going development of the programme.

1.6.   Characteristics and needs of professional and vocational education

1.6.1.   The characteristics and needs of professional and vocational education are catered for in the design of the programme, with specific reference to -

a. how the theoretical educational framework underpinning the vocational education is integrated in the design of the programme;

b. how techniques and skills which are required for the specific eye care profession and varied health contexts are mastered,

c. how clinical training/practice in eye care and professional ethics form an integral part of the curriculum.

2. CRITERION 2: CURRICULUM DESIGN AND DELIVERY

The curriculum is informed by the priority health needs of the country, is coherent in design, comprehensive in delivery, fosters graduate attributes and values required to adequately serve communities and to contribute to the overall development of an efficient and equitable health system.

1		2		3		4	
Does not comply		**Needs improvement**		**Meets minimum standards**		**Commend**	
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2.1.   Mission, goals and objectives

2.1.1.   The curriculum is consistent with the mission, goals and objectives as defined in the programme.

2.2.   Sound educational principles

2.2.1.   The curriculum is underpinned by sound educational principles and is structured to meet the stated academic and clinical outcomes for the profession.

2.3.   Alignment with approved scope of professional practice

2.3.1.   The curriculum reflects alignment with the approved scope of professional practice, relevant national education policies, professional regulatory rules and regulations, national and regional health imperatives and global trends and technological developments.

2.4.   Public health, health promotion and ethics

2.4.1.   Public health, health promotion and medical ethics features prominently throughout the programme.

2.5.   Alignment of duration and credits and goals

2.5.1. The minimum duration of the programme is consistent with its total credits and the goals of the programme (i.e. minimum four years).

2.6.   Scientific foundation

2.6.1. Principles of scientific foundation are adequately included in the programme to develop understanding of theoretical concepts upon which vision science and clinical optometric care is based and to facilitate life-long learning.

2.7.   Method of delivery

2.7.1. The delivery of the programme is through teaching, learning, laboratory activities, research and supervised clinical experience geared to enhance visual science knowledge and focusing on the examination, diagnosis and management of patients.

2.8.   The standard and range of clinical cases

2.8.1. The standard and range of clinical cases and contexts to which students are exposed to enable them to meet minimum clinical competencies required for entry level practitioners and to be able to function across the various sectors in health.

2.9.   Evidence of regular curriculum review

2.9.1. There is evidence of regular curriculum reviews with participation of relevant stakeholders e.g. students, staff, community representatives, industry and academic peers.

2.10.   Effective engagements

2.10.1. There is effective engagement with the eye care industry for the continued development of the programme.

2.11.   Curriculum outcomes

2.11.1. The curriculum leads to the development of both technical as well as critical cross field outcomes.

2.12.   Critical evaluation of the extent to which the curriculum meets the exit level outcome requirements detailed in the Regulations relating to the scope of the profession reveals:

2.12.1. Documented mechanisms for curriculum planning.

2.12.2. Learning outcomes clearly specified with appropriate assessment criteria.

2.12.3. Content is informed by the priority vision and eye health needs of the community, is contextually appropriate and current.

2.12.4. Teaching and learning methodologies to implement the curriculum are educationally sound, regularly updated, varied and responsive to the educational backgrounds and learning needs of the learners.

2.12.5. Learners rotate through all levels of care within the health system and there is evidence of inter-professional training.

2.12.6. Assessment

    2.12.6.1. Assessment criteria are transparent and informed by sound educational theory.

    2.12.6.2. Learners are provided with clearly stated outcomes for each course/study level that must successfully be achieved in order to be deemed competent.

    2.12.6.3. Assessment practices are comprehensive and appropriate to the teaching and learning within the programme.

    2.12.6.4. The design, moderation, implementation and recording of assessments is rigorous and managed securely and effectively.

    2.12.6.5. Assessment criteria are regularly reviewed to ensure that learner success produces graduates capable of practicing their profession competently, efficiently, ethically and with the attributes to engage in the broader health context.

2.13. Dispensing Opticianry education, supervision and clinical/ practical hours

2.13.1. There is an appropriate orientation programme to introduce students to their clinical training.

2.13.2. Clinical practice commences early in the programme, is informed by community needs and conducted in suitable and adequately equipped facilities both on the campus and in community-based clinical training sites.

2.13.3. Adequate training opportunities created in different contexts and at various levels of care such as primary health care clinics, community health centres, district, regional and tertiary hospitals.

2.13.4. Systems in place to ensure that learners practice within the scope of profession and maintain high ethical standards.

2.13.5. Structured methods for recording student learning such as logbooks and learning portfolios are used.

2.13.6. Adequate supervision (in time and numbers) by registered professionals reflected in the timetable of the programme.

2.13.7. The supervision team is made up of a mix of appropriately experienced professionals required to ensure effective training and assessment of students.

2.13.7. Supervisors are demographically diverse, Optometrists registered in Diagnostics and/or Therapeutics register and/or Dispensing Opticians, experienced and engage in continuous education in clinical and educational protocols to ensure high clinical standards.

2.13.8. There are appropriate methods of monitoring and assessing the development of students during training.

2.13.9. Staff (academic, clinical and administrative) at all the clinical training facilities are aware of the exit level outcomes students are expected to meet.

2.13.10. Students meet the required number of clinical hours/patient numbers, in a range of areas within the scope of the profession.

2.14. Clinic/ Optical Laboratory Management and Patient Care

2.14.1. The programme has access to clinical patient care facilities and equipment to support effective realization of programme mission, goals and objectives

2.14.2. There is a well-coordinated system of clinical governance, management, administration and evaluation in place for all the clinics which are managed by the programme

2.14.2. Clinical and Dispensing protocols for all areas of training are documented and available to stakeholders.

2.14.3. The eye and vision care services provided by the Programme are consistent with accepted and well-established healthcare standards (e.g. PBODO clinical practice guidelines).

2.14.4. Patients' rights are known and adhered to by students and staff and patient confidentially is secured at all levels.

2.14.5. There is a defined set of clinical/ optical dispensing competencies which must be attained by students as entry level practitioners and effective monitoring systems to ensure that these are achieved.

2.14.6. The regulated scope of practice is covered in the clinical/ optical dispensing programme delivery.

2.14.7. There is adequate support for historically disadvantaged / underprepared students in terms of academic development opportunities for clinical training.

2.15. Learning materials development

2.15.1. There are documented policies and /or procedures in place for developing and evaluating learning materials and ensuring their alignment with programme goals?

2.16.   Quality Assurance

2.16.1.   There is an institutional Quality Management Structure.

2.16.2.   There is a detailed description and critique of how quality is assured in the programme.

2.16.3.   All staff and learners are aware of required programme quality standards.

2.16.4.   Optometry/ opticianry department engages in quality assurance and quality enhancement activities regularly.

2.16.5.   Reports of quality reviews of the academic and support systems and measures for improvement are readily available.

2.17.   Interpretation of academic freedom and autonomy

2.17.1.   The programme is responsive to updated regulatory requirements, has implemented stipulated exit level outcomes and minimum clinical training requirements, and addressed issues of redress, equity and access as defined by the relevant regulatory authorities, within the context of academic freedom.

2.18.   Impact and Review

2.18.1.   There is evidence of the policy and processes related to the measurement of the programme impact and review.

2.18.2.   Staff and students are aware of the impact of the programme at a local, provincial and national level.

2.18.3.   Relevant stakeholders are engaged to obtain feedback on the quality of graduate education, competence, attributes and overall impact on the health of the communities served.

2.18.4.   Evidence exists of initiatives to implement feedback and recommendations from stakeholders.

3. CRITERION 3: STUDENT RECRUITMENT, ADMISSION, SELECTION AND SUPPORT

The programme is widely accessible, recruitment documentation informs potential learners of the programme accurately and sufficiently and national and institutional policies/legislation regarding access/admission is adhered to. Admission and selection policies and practices are transparent and commensurate with the academic requirements of the programme. The profile of students selected takes into account the programme's intended learning outcomes, its capacity to offer good quality education, widened access and equity, the demographic profile of the particular profession and needs of the communities served. There is sufficient support to students academically, financially and socially. Students are aware of these services and can access them or be referred to when required. There are sufficient resources to support quality teaching and learning; both staff and students can access the required relevant resources, and these resources are continuously maintained. The reviewing process is in place to assess the impact of the programme. The management is able to freely innovate and put measures in place to improve teaching and learning.

1		2		3		4	
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did not comply with the majority of the minimum standards specified in the criteria		did not comply with all the minimum standards specified in criterion. Problems/ weaknesses could be addressed in a short period of time		minimum standards as specified in the criterion were met.		all the minimum standards specified in the criterion were fully met and in addition, good practices and innovation were identified in relation to the criterion.	

3.1. Recruitment

3.1.1. There are transparent mechanisms to ensure recruitment and admission of qualifying students for the programme.

3.1.2. The admission policy of the programme is aligned with national and institutional policies relating to access and equity. Community eye health needs inform admission policy.

3.1.3. The department has a recruitment policy/strategy that is well managed and the programme is widely marketed/advertised in both urban and rural areas.

3.1.4. Advertising and promotional material contains accurate and sufficient information on the programme with regards to admission policies, costs, completion requirements and academic and clinical standards.

3.1.5. The marketing strategy adheres to the regulations of the Department of Higher Education and Training (DHET), HPCSA, Council for Higher Education (CHE) and the South African Quality Assurance (SAQA). There are clear and well communicated criteria for student selection and admission

3.1.6. The institution/faculty has a bursary office to assist financially disadvantaged learners.

3.1.7. There is an indication of what percentage of learners accepted to the programme that apply for bursaries, are not afforded them and this information together with reasons are communicated to the relevant authorities.

3.1.8. The admission criteria into the programme is readily available and transparent.

3.1.9. Legislation regarding admission, RPL/age exemption is applied.

3.2. Widening of Access

3.2.1. Recruitment and marketing focuses on underserved areas.

3.2.2. Selection criteria factors in health HR needs and access policies.

3.2.3. Selection criteria is made explicit through various sources and contributes to the programme's plans regarding demographic representivity.

3.2.4. Efforts are in place at the institution to widen access to academically disadvantaged learners.

3.3. Equity Policy

3.3.1. There are clearly documented equity targets and transformation goals.

3.3.2. Tabulated composition of the student body: number, race, sex, linguistic background, disability, etc. is available.

3.3.3. Past and current profile and throughput of the student body in relation to the profession's need for transformation is documented.

3.3.4. Where deficient, plans have been laid down to attain these targets in future.

3.4. Recognition of Prior Learning (RPL)

3.4.1. Provision is made for flexible entry routes, for example, recognition of prior learning (RPL)?

3.4.2. There is a specific RPL policy.

3.4.3. RPL is being implemented on a practical level and does not constitute more than 10% of the entire learner Intake.

Complete the following table:

Number of learners awarded with RPL over past 5 yrs.	List type of outcome: Exit level, critical, or specific	List outcomes for which RPL was awarded

3.4.4. Problems/successes generally experienced by learners who enter the programme through RPL is documented

3.5.   Community/Professional Needs

3.5.1. Details of how the needs of the particular community and profession is taken into account with regard to:

    3.5.1.1.   the demographic profile of the profession.

    3.5.1.2.   the general health and eye disease profile of the community.

    3.5.1.3.   the number of learners the programme can admit.

3.6. Capacity of the Programme

Please complete the following table:

	2016				2017				2018				2019				2020				Total			
Annual Intake of registered learners																								
Gender distribution (F/M)	**F**		**M**		**F**		**M**		**F**		**M**		**F**		**M**		**F**		**M**		**F**		**M**	
Race distribution	**B**	**C**	**I**	**W**	**B**	**C**	**I**	**W**	**B**	**C**	**I**	**W**	**B**	**C**	**I**	**W**	**B**	**C**	**I**	**W**	**B**	**C**	**I**	**W**
Total number of graduates/ Diplomats																								
Number and profile of Master level registrations																								
Number and profile of Doctorate level registrations																								
Learner numbers projections for the next three years																								

Age range when registering for 1st year	<18	>18 <25	>25	<18	>18 <25	>25	<18	>18 <25	>25	<18	>18 <25	>25	<18	>18 <25	>25

	2016	**2017**	**2018**	**2019**	**2020**	**Total**
Class sizes						
1st year						
2nd year						
3rd year						
4th year						
Post-graduate						
TOTAL						

3.7.   Student support

3.7.1. There are effective student support services provided to students for personal counselling and students have access to campus healthcare services.

3.7.2. There are effective student support services dealing with debt counselling, financial aid, academic support, learning support, information technology support.

3.7.3. There is student access to management of the programme and there are mechanisms to ensure that students are given opportunities to participate in student governance and leadership development activities.

4. CRITERION 4: STAFFING

The academic staff responsible for the programme, are demographically diverse, suitably qualified, have sufficient relevant experience and competence in teaching and assessment and research adequate for the nature and level of the programme. The academic and support staff complement is of sufficient size and seniority for the nature and field of the programme and the size of the learner body to ensure that all activities related to the programme could be done effectively. The institution and/or other recognised agencies provide opportunities to academic staff to enhance their teaching, assessment competencies, research capacity and to support their professional growth and development. An appropriate ratio exists between full-time and part-time staff and relevant legislation and appropriate administrative procedures are followed in the recruitment and employment of staff. Redress and equity considerations are accounted for in the appointment of staff. Support staff are adequately qualified and their knowledge and skills are regularly updated.

1		2		3		4	
Does not comply		**Needs improvement**		**Meets min. standards**		**Commend**	
did not comply with the majority of the minimum standards specified in the criteria		did not comply with all the minimum standards specified in criterion. Problems/ weaknesses could be addressed in a short period of time		minimum standards as specified in the criterion were met.		all the minimum standards specified in the criterion were fully met and in addition, good practices and innovation were identified in relation to the criterion.	

4.1.   Staff

4.1.1.   Staff demographics addresses equity: race, gender, location.

4.1.2.   Staff members are suitably qualified: have relevant academic qualification higher than the exit level of the programme.

4.1.3.   Academic staff members for postgraduate programmes have relevant academic qualifications at least on the same level as the exit level of the programme.

4.1.4.   There is a good mix of qualifications, expertise, international & national status/profiles, research capacity and administrative and leadership experience.

4.1.5.   The majority of full-time academic staff members have two or more years of teaching experience in a recognised higher education institution, and in areas pertinent to the programme.

4.1.6.   Staff have contributed to national/regional/local health policies and serve on health and social structures within the communities that students are trained.

4.1.7.   Workload, courses/modules taught and throughput rates are available for each member of staff for the last three years.

4.1.8.   Staff-student ratio is appropriate for the effective delivery of the programme.

4.1.9.   Staff development opportunities exist in higher education policy and practice, curriculum development and teaching methodologies.

4.1.10. Appropriately qualified and registered practitioners are employed to supervise students' clinical practice: have at least two years of (relevant) experience in the field of practice.

4.1.11. All staff engage in Continuing Professional Development.

4.2.   Qualifications/ Teaching Experience

4.2.1.   Full Time Staff - Please complete the following table:

Name	Qualification(s)	Rank	Race	Institutional/ External Position Held	Teaching Experience	Years of service at Institution	Instructional Offering (list subjects)

4.2.2.   Particulars of Current Part-Time Academic/Clinical Staff

Name	Qualification(s)	Rank	Race	Position Held	Teaching Experience	Years of professional practice	Instructional Offering (list subjects)

4.2.3.   If there is more than one instructor, what are the duties and responsibilities of each?

Instructional Offering	No. of Instructors	Names of Instructors	Duties and responsibilities of each Instructor

4.2.4.   What problems have resulted from this division of responsibilities?

4.2.5.   Selection criteria for part time instructors/ expertise – motivate?

4.2.6.   Complete the following table:

	Provide Number
Number of new staff (current year).	
Number of staff on leave, or sabbatical	
Number of resignations during the past three years.	
Number of frozen posts.	
Number of joint staff appointments (province and institution)	
Number of externally funded posts.	

4.3. Staff Assessment Competence

4.3.1. Academic staff responsible for the programme have at least two years' experience of learner assessment at the exit level outcome:

Name	Qualification	Teaching/Assessment Experience	Assessment policy at exit level of the programme

4.3.2. Professional development and training is provided for staff as assessors to ensure that assessment is in line with SAQA requirements and acceptable education practices.

4.3.3. Learner assessment is at the appropriate level for the year of study and assessment processes are conducted by staff in a fair and transparent manner.

4.3.4. Feedback is provided by staff to promote student formative learning.

4.4. Staff Research Profile

4.4.1. All staff are actively involved with research:

Name	Publications in subsidy approved journals in last 5 yrs.	Publications in non-subsidised /other journals in last 5 years	Papers at international conferences in last 5 years	Papers at local conference in last 5 years

4.4.2. Staff members contribute to the overall research profile of the department through supervision of post-graduate students.

Name of staff member	No of research learners	Supervisor(s)	Year of study	Publications; provide details

4.4.3. Research is aligned to the mission and vision of the institution, aligned with health policies, informed by community stakeholders and impacts on the improvement of the health system, contributes to professional advancement and informs policy changes.

4.4.4. Health systems research is undertaken and disseminated to relevant policy makers and communities.

4.4.5. Staff research capacity development and mentorship programmes are available for young researchers.

4.4.6. There is adequate access to funding for research projects conducted by staff

4.5.   Staff Development

4.5.1.   Provision is made for staff development within:

      4.5.1.1.   the programme

      4.5.1.2.   the faculty

      4.5.1.3.   the institution

      4.5.1.4.   the profession

4.6.   Size and Seniority

4.6.1.   What are the contact hours per staff member?

Name	Position	Instructional Offering	Contact hrs. per week – academic/ theory (T)	Contact hrs. per week – clinical/ practical (C/P)

4.6.2.   What is the staff-to-learner ratio for academic staff; expressed in full-time equivalents (FTE's)?

4.6.3.   What is the staff-to-learner ratio for technical/clinical staff; expressed in full-time equivalents (FTE's)?

4.6.4.   The ratio between part-time/support staff and full-time staff appropriate to ensure working conditions conducive to teaching and learning, and research.

4.7.   Legislation and conditions of service

4.7.1.   Are the stipulations of the Labour Relations Act and the conditions of service adhered to with regard to recruitment and employment of staff?

4.7.2.   How are redress and equity taken into consideration when appointing staff?

4.8.   Procedures for selection, appointment, induction and payment

4.8.1.   Transparent systems exist for the:

      4.8.1.1.   selection

      4.8.1.2.   appointment

      4.8.1.3.   induction

      4.8.1.4.   payment, of staff members

4.8.2.   Staff profile is reflective of the demographic profile of the region.

4.8.3.   The current remuneration policy encourages academic staff to stay at the current institution, by allowing them to earn on a competitive scale.

4.9.   Staff achievements

Staff Achievement	Name of staff members	Details of Achievement/Award
Professional Honours/ Teaching Award		
Award for Research/ Publication		
Grants/ Research Contract		
Staff Development & Training		
Record of completion of studies		
Service record		
Other relevant		

4.9.1.   Has any staff member needed to reduce his/her workload for reasons of stress or burnout?

4.9.2.   Are there fair, transparent requirements for promotion?

4.9.3.   Professional experience is acknowledged as one of the   criteria for promotion with research output.

4.10.   Contractual arrangements

4.10.1.   Orientation and induction opportunities are provided by the institution and/or other recognised agencies contracted by the institution, in which new academic staff members can participate.

4.11. Administrative and Technical Staff

4.11.1. Administrative staff (Please complete the following table)

Name	Qualification(s)	Rank	Previous position held	Years of service at Institution	Duties (List)	Development activities in the past 3 years

4.11.2. Clinical/ Technical staff (Please complete the following table)

Name	Qualification(s)	Rank	Position held	Working Experience	Years of service at Institution	Duties	Capacity Development in Optical Technology in the past 3 years

5. CRITERION 5: PHYSICAL RESOURCES AND INFRASTRUCTURE

There are adequate physical resources and infrastructure suitable for student education and training. Both the students and staff have access to these resources and services when required.

1		2		3		4	
Does not comply		**Needs improvement**		**Meets min. standards**		**Commend**	
did not comply with the majority of the minimum standards specified in the criteria		did not comply with all the minimum standards specified in criterion. Problems/ weaknesses could be addressed in a short period of time		minimum standards as specified in the criterion were met.		all the minimum standards specified in the criterion were fully met and in addition, good practices and innovation were identified in relation to the criterion.	

5.1.   Capacity for effective delivery

5.1.1.   There are adequate resources (staff, physical, financial) for effective delivery of a quality, socially accountable optometry/ opticianry programme.

5.1.2.   Teaching, learning and clinical practice facilities and equipment are adequate and effectively maintained to support the achievement of the mission, goals and objectives for the programmes.

5.1.3.   Identify, describe and evaluate the resources available to offer the professional training programme. This should include:

    5.1.3.1.   Operating budget

    5.1.3.2.   Physical space

    5.1.3.3.   Clinical Equipment and consumables

    5.1.3.4.   Consumables for laboratory and clinical training

    5.1.3.5.   Computers, internet access and other technological equipment for modern-day teaching and learning

    5.1.3.6.   Library facilities: There is adequate staff and student access to well-maintained library and information and facilities to support the effective delivery of the online elements of the Optometry programme. Adequacy of library support in terms of access to current prescribed and recommended literature and additional readings.

    5.1.3.7.   Access to training sites on campus and within communities.

5.1.3.8.   Laboratory Supplies

5.1.3.9.   Transport

5.1.3.10.   Student academic and social support services

5.1.3.11.   Graduate placement programme

5.1.3.12.   Counselling/ career development

5.1.3.13.   Other

NB.:   The Self-Evaluation review for clinical training facilities template by the university for each clinical facility attached to it should be used in conjunction with this template (as an attachment).

SUMMARY

Include reflections on:
   i.   Strengths
   ii.   Challenges /Weaknesses
   iii.   Opportunities for further development of the education and training programme
   iv.   Threats