

**GOC Optometry Core Curriculum, Core Competencies and Learning Outcomes**

The following learning outcomes are expected to be achieved following study of the GOC Core Curriculum. Upon graduation the student will be able to demonstrate:

- a) an ability to communicate effectively with patients and professional colleagues through the application of a range of skills using English as the primary language of communication
- b) a systematic understanding of key aspects of optometry and vision science leading to the achievement of key competencies as defined by the GOC
- c) a detailed understanding of specific components of optometry or vision science which are at the forefront of knowledge and reflect the expertise of academic staff
- d) an ability to apply established analysis and enquiry techniques to optometry
- e) a conceptual understanding to enable an evaluation of current research in optometry and vision science
- f) an appreciation of the uncertainty, ambiguity and limits of knowledge
- g) an ability to learn autonomously using scholarly reviews and primary sources to support the requirement for continuing professional development and lifelong learning.

Bachelor's programmes should also ensure that the graduate optometrist is able to:

- h) demonstrate appropriate knowledge, skills and attitudes required for entry into pre-registered clinical practice
- i) conduct appropriate tests and investigations of visual status in a safe and effective manner
- j) make appropriate decisions about the ocular health of patients
- k) demonstrate awareness of the primary and secondary healthcare function offered by optometry
- l) demonstrate an investigative approach to academic subjects & clinical practice which integrates theory and practice to identify and solve problems
- m) demonstrate an ability to apply research findings to practice
- n) understand his/her role within a multidisciplinary team
- o) analyse, and evaluate critically, diagnostic and therapeutic interventions
- p) demonstrate critical skills for the evaluation of new concepts, procedures, techniques and products relevant to optometric practice
- q) acquire a wide range of transferable, lifelong and independent learning skills
- r) show an appropriate professional attitude towards patients and colleagues
- s) demonstrate an understanding of the expectations and responsibilities of entering a regulated clinical profession.

The University should demonstrate:

- a. how the programme matches the GOC Core Curriculum and Competencies Stage 1 (see **Appendix**).
- b. precisely where the various elements of the Core Curriculum are covered in their proposed programme;
- c. that each student achieves competence in all the 'ability to' GOC Core Competencies (stage 1).

### **Clinical work**

It is expected that the optometry programme should demonstrate that:

- a. graduates are safe to practise under supervision within the pre-registration environment with reference to the learning outcomes above. Graduates from a programme must demonstrate their 'ability to' competently carry out the 'ability to' competences listed in Appendix 4;
- b. it equips the graduate to carry out the standard clinical procedures safely and efficiently as listed in **Appendix 5**. Graduates from the programme must demonstrate the attainment of at least a 2ii degree or an Ordinary degree with an aggregate of least 60% in the final year AND have evidence of having gained the minimum amount of experience (or equivalent - - see paragraph 1.5.8 above) with each patient group as identified in Section 2.3.3 below;
- c. each individual student maintains an accredited record of all of his or her clinical experience. This record should provide an opportunity for students to reflect on their strengths and weaknesses with comment from clinic supervisors;

Training establishments will be expected to demonstrate that they provide the depth and breadth of tuition and experience to allow students to achieve the learning objectives outlined above and the core competencies. This should include:

- a. Lectures, tutorials, clinic / laboratory-based practical sessions and self-directed learning relating to clinical skills and the diagnosis and management of eye conditions / disease.
- b. Instruction, demonstration and supervision by experienced practitioners in general and specialist clinics
- c. Small-group clinical instruction which incorporates student observation, practitioner demonstration and direct student participation.
- d. Clinical placements in a variety of secondary health care settings to assimilate clinical management strategies of other health care disciplines in the hospital sector.

The figures that follow are indicative minima of '*real patients*' which students in the final year of their degree programme would usually be expected to experience. If there is any variation below the minimum, the university must offer a clear rationale for the alternative learning experiences which are offered to students to enable each student to achieve appropriate learning outcomes. The purpose of the patient numbers is to ensure competence in practice and skills. The indicative numbers give an indication of a base-line level of experience necessary for the new graduate to confidently start pre-registration training. It is important not only to have an indication of the number of patients a student should see in their final year, but also that there is a demonstration of an appropriate range of patients seen by each student:

- a) **Primary care experience:** Each student should have 18 primary-care patient episodes. All of these patient episodes should be on a 1:1 (student:patient) basis. The training establishments should endeavour to recruit patients with a range of refractive errors and common eye conditions and ensure that the experience simulates a normal optometric eye examination as closely as possible.
- b) **Contact lens experience:** Each student should experience 12 patient episodes relating to contact lens fitting and aftercare. These patient episodes may be on a 2:1 (student:patient) basis.
- c) **Binocular Vision/Paediatric/Orthoptics Clinics** - 8 patient episodes. Students may work in pairs or smaller groups. This must include experience with young children.
- d) **Specialist clinic experience:** Each student should experience 12 patient episodes in specialist clinics. This could include patients with diabetes, glaucoma, cataracts, LV or learning difficulties. Students may work in pairs or small groups for these patient episodes.
- e) **Spectacle dispensing experience:** Each student should complete 6 complete spectacle dispensings (initial selection, checking and fitting). This does not necessarily have to be on the same patient. The training establishments should endeavour to provide experience of dispensing a range of frame / lens types and provide some experience of dispensing for children and low vision patients.

#### Notes

*A patient episode is defined as a patient experience in which students perform or observe (as appropriate) a number of clinical procedures on a patient in order to establish a diagnosis and /or management plan.*

*Each patient episode should be of adequate length and adequately supervised to ensure that the appropriate learning objectives are achieved.*

*The figures above are indicative minima of the number of patients which students in the final year of their degree programme would usually be expected to experience. If there is any variation below the minimum, the university must offer a clear rationale for the alternative learning experiences which are offered to students to enable each student to achieve appropriate learning outcomes.*

### **Access to patients with Abnormal Eye conditions**

This might include attendance at:

- a. General ophthalmology clinics
- b. Specialist ophthalmology clinics
- c. Orthoptic clinics
- d. Casualty/triage clinics

Students should obtain a minimum of 12 hours of experience in these clinics and attending in small groups. Some feedback mechanism on patient experience during hospital attendance is expected, for example, through the use of logbook records of all patients seen, with a reflective commentary.

This will be supplemented by:

- a. specialist clinics within the University to provide additional exposure to less common conditions;
- b. no less than a 20 credit didactic module in Abnormal Ocular Conditions;
- c. Grand Rounds (case and management demonstrations incorporating real patients, video or images to highlight key pathology) to ensure students have observed common conditions.
- d. directed study using a range of media.

## Optometry Core Competencies (Stage 1)

“Ability to do” competencies to be tracked for each student (n=31)	
<b>Communication &amp; Professional Conduct (5)</b>	1.1.1 <b>Ability</b> to communicate effectively with the patient, taking into account his/her physical, emotional, intellectual and cultural background – building a rapport
	1.1.4 <b>Ability</b> to make a patient feel at ease and informed – understanding their fears, anxieties and concerns about their visual welfare in the eye examination and its outcome.
	1.2.1 <b>Ability</b> to take a structured, efficient, accurate history and symptoms from patients with a range of ophthalmic problems and needs.
	1.2.2 <b>Ability</b> to produce comprehensive, legible and organised record keeping with appropriate detail and grading
	1.3.2 <b>Ability</b> to interpret and respond appropriately to patient records and other relevant information.
<b>Visual Function &amp; Ametropia (4)</b>	3.1.1 <b>Ability</b> to measure visual function of patients of any age with appropriate tests and techniques
	3.1.3 <b>Ability</b> to assess visual function in patients with visual impairment.
	3.2.2 <b>Ability</b> to use subjective and objective techniques to identify and quantify ametropia
	3.2.3 <b>Ability</b> to use appropriate ocular drugs diagnostically and to aid refraction.
<b>Optical Appliances (3)</b>	4.1.1 <b>Ability</b> to advise on, order and to dispense the most suitable form of optical correction taking into account durability, comfort, cosmetic appearance, age and lifestyle.
	4.1.2 <b>Ability</b> to adjust a spectacle frame or mount to optimise physical and optical performance.
	4.2.1 <b>Ability</b> to measure and verify optical appliances, taking into account relevant standards.
<b>Ocular Examination (8)</b>	5.1.1 <b>Ability</b> to examine for abnormalities of the external eye and adnexa using appropriate instruments and techniques
	5.1.2 <b>Ability</b> to examine for abnormalities of the cornea using appropriate instruments and techniques
	5.1.3 <b>Ability</b> to use contact and non-contact tonometers to measure intraocular pressure and analyse and interpret the results.
	5.1.4 <b>Ability</b> to examine for abnormalities in the anterior chamber.
	5.1.5 <b>Ability</b> to examine for abnormalities in the iris and assess pupil reflexes
	5.1.6 <b>Ability</b> to examine for abnormalities in the crystalline lens using appropriate instruments and techniques
	5.1.7 <b>Ability</b> to examine for abnormalities in the vitreous and fundi using appropriate instruments and techniques
	5.1.9 <b>Ability</b> to select appropriate, and use safely, the range of ophthalmic drugs and diagnostic stains available to an optometrist
	5.1.10 <b>Ability</b> to examine for abnormalities in the lacrimal system using appropriate instruments and techniques
<b>Ocular Abnormalities (2 + 2 Grey)</b>	6.1.1 <b>Ability</b> to take a structured ophthalmic history taking into account awareness of risk factors of ocular and systemic disease (see 1.2.1).
	6.2.1. <b>Ability</b> to assess visual function and the appearance of the eye and adnexa (see 3 & 5)
	6.3.1 <b>Ability</b> to interpret signs and symptoms of ocular abnormality.
	6.4.1. <b>Ability</b> to make an appropriate management plan, including the <b>ability</b> to make appropriate urgent referrals, for each patient and to involve the patient in the decision making process.
<b>Contact Lenses (4 + 3 Grey)</b>	7.1.1 <b>Ability</b> to take an appropriate history and symptoms including previous contact lens wear (see 1.2.1).
	7.1.2 <b>Ability</b> to assess anterior eye health (see 5.1.1 and 5.1.2).
	7.2.1 <b>Ability</b> to quantify corneal shape and size, and pupil (see 5.1.2).
	7.2.2 <b>Ability</b> to select the optimum lens.
	7.3.2 <b>Ability</b> to assess and optimise lens fit.
	7.4.1 <b>Ability</b> to teach a patient to safely insert, remove and care for contact lenses.
	7.5.1 <b>Ability</b> to monitor and manage the anterior eye health of contact lens wearers.
<b>Binocular Vision (4 + 1 Grey)</b>	8.1.1 <b>Ability</b> to take an appropriate binocular vision and/or child’s history (see 1.2.1).
	8.2.1 <b>Ability</b> to assess eye alignment and eye movements.
	8.2.2 <b>Ability</b> to assess sensory fusion and stereopsis.
	8.2.3 <b>Ability</b> to assess oculomotor function.
	8.2.4 <b>Ability</b> to assess accommodation.
<b>Visual Impairment (1 + 2 Grey)</b>	9.1.1 <b>Ability</b> to take an appropriate history of a visually impaired patient (see 1.2.1).
	9.1.3 <b>Ability</b> to accurately quantify visual impairment and relate it to the underlying pathology and functional consequences (see 3.1.1).
	9.3.2 <b>Ability</b> to advise on the use of optical and non-optical aids.

## Optometry STAGE 2 Core Competencies

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
<p><b>1.Communication</b></p> <p><i>The ability to communicate effectively with the patient and any other appropriate person involved in the care of the patient, with English being the primary language of communication</i></p>	<p><b>1.1 The ability to communicate effectively with a diverse group of patients with a range of optometric conditions and needs</b></p>	<p>1.1.1 Obtains relevant history and information relating to general health, medication, family history, work, lifestyle and personal requirements.</p>	<p>Asks appropriate questions to obtain a full history. Uses appropriate strategies to understand patients' needs e.g. not interrupting and then summarising and checking understanding</p>
		<p>1.1.2 Elicits the detail and relevance of any significant symptoms.</p>	<p>Employs an appropriate mix of questions to elicit information from patients, for example, open and closed questions.</p>
		<p>1.1.3 Identifies and responds appropriately to patients' fears, anxieties and concerns about their visual welfare.</p>	<p>Establishes and maintains a good professional and clinical relationship with the patient to inspire trust and confidence. Recognises emotion in patients. Explores patient concerns and provides reassurance where appropriate, using explanations that are relevant to that patient.</p>
	<p><b>1.2 The ability to impart information in a manner which is appropriate to the recipient</b></p>	<p><i>1.2.1 Understands the patient's expectations and aspirations and manages situations where these cannot be met.</i></p>	<p><i>Conveys expert knowledge in an informative and understandable way, for example, not using jargon. Explores the patients' expectations and checks the level of understanding. Employs a patient-centred approach to understand the patient's perspective. Is able to empathise with and manage the patient's needs, resolving any problems to mutual satisfaction.</i></p>
		<p><i>1.2.2 Communicates with patients who have poor or non-verbal communication skills, or those who are confused, reticent or who might mislead</i></p>	<p><i>Makes effective use of body language to support explanation. Demonstrates awareness of our own body language. Uses appropriate supporting material</i></p>
		<p><i>1.2.3 Discusses with the patient the importance of systemic disease and its ocular impact, its treatment and the possible ocular side effects of medication.</i></p>	<p>Takes a thorough history from the patient to include:  <ul style="list-style-type: none"> <li>o Medication, control, disease duration</li> </ul>                     Demonstrates a thorough understanding of the disease process in cases such as diabetes, inflammatory disease etc. Provides a layman's explanation of the particular disease process</p>
		<p><i>1.2.4 Explains to the patient the implications of their pathological or physiological eye condition.</i></p>	<p><i>Gives factually relevant information in a clear and understandable way, avoiding jargon and technical terms. Uses appropriate supporting material, for example, diagrams or leaflets, and uses a range of different explanations where required to avoid repetition. Understands limitations of knowledge, referring the patient for advice where necessary</i></p>
		<p><i>1.2.5 Communicates effectively with any other appropriate person involved in the care of the patient</i></p>	<p><i>Records and discusses advice and management in a clear and appropriate manner</i></p>

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<p><b>2. Professional Conduct</b></p> <p><i>The ability to comply with the legal, ethical and professional aspects of practice</i></p>	<p><b>2.1 The ability to manage patients in a safe, appropriate and confidential environment</b></p>	<p>2.1.1 Adheres to Health and Safety policies in the practice including the ability to implement appropriate measures for infection control</p>	<p>Demonstrates a proactive approach to Health and Safety issues such as identifying hazards, risk assessment, first aid, etc, in order to produce a safe environment for staff and patients alike. Demonstrates appropriate personal hygiene, cleanliness of the practice, hygiene relating to instrumentation, contact lenses, disposal of clinical waste etc.</p>
		<p>2.1.2 Maintains confidentiality in all aspects of patient care</p>	<p><i>Demonstrates knowledge of the Data Protection Act (1987) and how this impacts on security, access and confidentiality of patient records.</i></p>
		<p>2.1.3 Shows respect for all patients</p>	<p>Recognises and takes into consideration patient's specific needs and requirements e.g. cultural diversity or religious belief</p>
	<p><b>2.2 The ability to comply with legal, professional and ethical issues relating to practice</b></p>	<p>2.2.1 <i>Is able to manage all patients including those who have additional clinical or social needs</i></p>	<p><i>Respects and cares for all patients and their carers in a caring, patient, sensitive and appropriate manner. Has knowledge of the Disability Discrimination Act (1995), and ensures the patient environment is safe, inviting and user-friendly in terms of access and facilities for all patients. Has an awareness of different types of disabilities and patients with additional needs. Understands the criteria and process for RVI/CVI registration</i></p>
		<p>2.2.2 <i>Is able to work within a multi-disciplinary team</i></p>	<p><i>Respects the roles of other members of the practice team and how working together gives the patient the highest possible level of care. In relation to shared care, is aware of:</i></p> <ul style="list-style-type: none"> <li>o <i>local and national shared care schemes</i></li> <li>o <i>the roles of practice staff within these</i></li> <li>o <i>the local scheme protocols</i></li> </ul>
		<p>2.2.3 <i>Is able to work within the law and within the codes and guidelines set by the regulator and the profession.</i></p>	<p><i>Demonstrates knowledge of the advice and guidance set by the respective professional body and standards set by their local PCT. Demonstrates knowledge of the code of conduct set down by the General Optical Council. Demonstrates a knowledge of the relevant law relating to their role e.g. Opticians Act, GOS benefits, fees and charges, Medicines Act</i></p>
		<p>2.2.4 <i>Creates and keeps full, clear, accurate and contemporaneous records</i></p>	<p><i>Is able to produce records which are legible and contain all relevant patient details, measurements, results and advice</i></p>
		<p>2.2.5. Interprets and responds to existing records.</p>	<p>Makes a decision based on their own and previous findings Modifies their actions appropriately as a response to relevant history or previous records Identifies and responds to the significance of:</p> <ul style="list-style-type: none"> <li>o refractive change/ocular status</li> <li>o clinical findings , for example, reduced VA</li> <li>o previous form of optical correction</li> </ul>
		<p>2.2.6. Makes an appropriate judgement regarding referral and understands referral pathways.</p>	<p>Refers to appropriate person with appropriate urgency Recognises difference between referral and notification Includes appropriate information in referral letter Gives appropriate advice to patient including written statement Shows understanding of local protocol / with some understanding of national variations</p>

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<p><b>3. Methods of Ocular Examination</b></p> <p><i>The ability to perform an examination of the eye and related structures</i></p>	<p><b>3.1 The ability to use techniques in ocular examination and to understand the implications of the findings in terms of subsequent examination techniques</b></p>	<p>3.1.1 Uses instruments to measure corneal curvature and assess its regularity</p>	<p>Uses instruments to accurately measure, assess and record the corneal curvature and regularity Correctly interprets the information gathered</p>
		<p>3.1.2 Uses a slit lamp to examine the external eye and related structures</p>	<p>Demonstrates an understanding of the methods of illumination, filters and other attributes of the slit lamp and their uses Demonstrates a full slit-lamp routine for the assessment of the external eye and related structures in a logical sequence</p>
		<p>3.1.3 Examines the fundi using both direct and indirect techniques</p>	<p>Uses a technique which allows an appropriate view of the fundus, including thorough &amp; systematic scanning Demonstrates a safe technique Detects significant lesions</p>
		<p>3.1.4 Identifies abnormal colour vision and appreciates its significance</p>	<p>For a minimum of 2 different test types, the ability to:</p> <ul style="list-style-type: none"> <li>○ Identify the test types available and who to use them on</li> <li>○ Correctly use and interpret the results</li> <li>○ Advise and manage the patient appropriately</li> <li>○ Understands the significance of results in terms of: <ul style="list-style-type: none"> <li>○ Occupational implications</li> <li>○ Genetics</li> </ul> </li> </ul>
		<p>3.1.5 Investigates the visual fields of patients with all standards of acuity and analyses and interprets the results.</p>	<p>Identifies which patients require visual fields assessment Chooses and carries out the appropriate method and manner of visual field assessment Interprets the field plot (including reliability), describing any abnormality using recognised terminology Identifies the cause of field defects from sample images e.g. location of visual pathway lesion, retinal problem Uses the basic alternative techniques in appropriate circumstances e.g. confrontation, Amsler, alternative fixation targets Appropriately adapts investigation for patients with reduced acuity</p>
		<p>3.1.6 Uses both a non-contact and contact tonometer to measure intraocular pressure and analyses and interprets the results.</p>	<p>Safely sets up and uses the appropriate tonometer For contact tonometry demonstrates appropriate choice and use of drug/s Provides explanation and advice to the patient covering: <ul style="list-style-type: none"> <li>○ Process, risks, after procedure advice</li> </ul> Accurately records and interprets the results</p>
		<p>3.1.7 Assesses the tear film</p>	<p>Chooses appropriate instrumentation and uses correct and safe methods to assess tear quantity and quality Accurately records the results and differentiates normal from abnormal</p>
		<p>3.1.8 Uses the slit lamp to assesses anterior chamber signs of ocular inflammation</p>	<p>Uses the appropriate slit lamp technique in appropriate ambient lighting Slit lamp technique should include viewing the following: <ul style="list-style-type: none"> <li>• Corneal endothelium</li> <li>• Aqueous humour</li> <li>• Iris and anterior lens surface</li> </ul> Describes and grades what they would expect to see in a patient with anterior ocular inflammation</p>
		<p>3.1.9 Assesses pupil reactions</p>	<p>Uses appropriate ambient illumination and light source to assess pupil reactions Accurately records the results and differentiates normal from abnormal</p>
		<p>3.1.10 Uses diagnostic drugs to aid ocular examination</p>	<p>Understands the indications and contraindications for drug use and potential side effects Understands and applies best practice in terms of the legal aspects of access, use and supply Makes appropriate selection of drug/s and uses safely</p>
		<p>3.1.11 Makes an assessment of the fundus in the presence of media opacities.</p>	<p>Carries out dilated examination of a patient using a binocular indirect ophthalmoscopy (BIO)lens Provides evidence of fundus seen (features recorded e.g. C/D ratio, pigmentation etc.) Records the media opacity</p>

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<p><b>4. Optical Appliances</b></p> <p><i>The ability to dispense an appropriate optical appliance</i></p>	<p><b>4.1 The ability to interpret and dispense a prescription using appropriate lenses and facial and frame measurements.</b></p>	<p>4.1.1 Identifies anomalies in a prescription and implements the appropriate course of action</p>	<p>Identifies possible errors in a prescription and follows the appropriate course of action Identifies and explains any problems which may occur from the given prescription and offers solutions, for example, aniseikonia, anisometropia</p>
		<p>4.1.2 Measures and verifies optical appliances taking into account relevant standards where applicable.</p>	<p>Measures and verifies that lenses have been produced to a given prescription within BS tolerances Verifies that all aspects of the frame or mount has been correctly supplied Measures and verifies that the lenses are correctly positioned in the spectacle frame/mount within BS tolerances</p>
		<p>4.1.3 Matches the form, type and positioning of lenses to meet all the patient's needs and requirements and provides appropriate advice</p>	<p>Provides all the necessary information for a pair of spectacles to be duplicated, to include: Prescription, Lens type and form, Centration and fitting positions, Frame details, Lens surface treatments</p>
		<p>4.1.4 Advises on personal eye protection regulations and relevant standards, and appropriately advises patients on their occupational visual requirements.</p>	<p>Applies the relevant standards for:</p> <ul style="list-style-type: none"> <li>• VDU users, driving</li> <li>• EN standards, including markings standards BSEN I66 and legislation and sources</li> </ul> <p>Demonstrates a knowledge of visual task analysis including lighting Understands the legal responsibilities for employees, employers, dispensing opticians and optometrists Understands and identifies common ocular hazards and common or sight threatening leisure activities and occupations and the ability to advise patients.</p>
		<p>4.1.5 Dispenses a range of lens forms to include complex lenses, multifocals and high corrections, and advise on their application to specific patients needs.</p>	<p>Demonstrates correct interpretation of prescriptions Understands the following lens parameters: Lens form, design, materials, coatings and tints, availability, blank sizes Demonstrates understanding of frames covering the following: Size, materials, relationship between frame, lenses and face Demonstrates the appropriate lens and frame selection and justification (bearing in mind patient's lifestyle requirements) Demonstrates appropriate frame adjustments</p>
		<p>4.1.6 Prescribes and dispenses spectacles for vocational use.</p>	<p>Identifies the vocational needs of the patient and carries out task analysis Takes appropriate measurements Prescribes and dispenses the most appropriate frames and lenses for the task</p>
		<p>4.1.7. Manages non-tolerance cases.</p>	<p>Identifies problems Undertakes appropriate investigation and takes appropriate action Explains to patient what course of action will be taken and obtains patient's agreement Arranges follow-up if necessary</p>
	<p><b>4.2 The ability to advise on and to dispense low vision aids</b></p>	<p>4.2.1 Advises on the use of, and dispenses simple low vision aids including simple hand and stand magnifiers, typoscopes and hand held telescopes.</p>	<p>Identifies which patients would benefit from low vision aids and advice Understands the principles of magnification, field of view and working distance in relation to different aids Provides advice on the advantages and disadvantages of different types of simple low vision aids Understands the mechanisms of prescribing magnification including acuity reserve Gives correct instruction to a patient in the use of various aids, to include: Which specs to use with aid, Lighting required, Appropriate working distance Provides basic advice on non-optical aids, use of contrast and lighting to enhance visual performance and daily living skills</p>
	<p>4.2.2 Understands the application of complex low vision aids.</p>	<p>Identifies appropriate patients for complex low vision aids Selects the appropriate Visual Aid e.g. spectacle mounted telescopes, CCTV</p> <ul style="list-style-type: none"> <li>• Considering range: use / magnification / Limitations / Lighting and environment</li> <li>• Demonstrate an awareness of other alternatives</li> </ul> <p>Aware of access/ availability of services Makes appropriate referral and potential outcome</p>	

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<p><b>5. Contact Lenses</b></p> <p><i>The ability to manage the fitting and aftercare of patients with contact lenses</i></p>	<p><b>5.1 The ability to select and fit the most appropriate lens for the planned use and clinical needs of the patient</b></p>	<p>5.1.1 Chooses, fits and orders soft lenses</p>	<p>Demonstrates an understanding of the range of soft lens materials and designs available            Makes the appropriate choice of soft lens parameters            Assesses the fit of lenses using a variety of techniques            Makes appropriate adjustment of lens for best fit            Writes an appropriate order for a soft lens</p>
		<p>5.1.2 Instructs the patient in soft lens handling and how to wear and care for them</p>	<p>Instructs a patient in the techniques of soft lens insertion, removal and other relevant handling instructions            Instructs a patient on the principles of soft lens wear and care including use of soft lens care products</p>
		<p>5.1.3 Chooses, fits and orders rigid lenses</p>	<p>Demonstrates an understanding of the range of rigid lens materials and designs available            Makes the appropriate choice of rigid lens parameters            Assesses the fitting of a rigid lens            Makes appropriate adjustment of lens for best fit            Writes an appropriate order for a rigid lens</p>
		<p>5.1.4 Instructs the patient in rigid contact lens handling, and how to wear and care for them</p>	<p>Instructs a patient in the techniques of RGP lens insertion, removal and other relevant handling instructions            Instructs a patient on the principles of RGP lens wear and care including use of RGP lens care products</p>
	<p><b>5.2 The ability to assess the progress in wear of a contact lens patient and to investigate, identify and manage any aftercare issues.</b></p>	<p>5.2.1. Manages the aftercare of patients wearing soft lenses.</p>	<p>Demonstrates an understanding of the content and routine of a soft CL aftercare consultation            Carries out the relevant tests and assessments which are required in a routine soft lens aftercare consultation            Demonstrates an understanding of soft lens adaptation and aftercare issues and how to manage them</p>
		<p>5.2.2. Manages the aftercare of patients wearing rigid gas permeable contact lenses.</p>	<p>Demonstrates an understanding of the content and routine of a rigid CL aftercare consultation            Carries out the relevant tests and assessments which are required in a routine rigid lens aftercare consultation            Demonstrates an understanding of rigid lens adaptation and aftercare issues and how to manage them</p>
	<p><b>5.3 The ability to select and fit the most appropriate complex lens for the planned use and clinical needs of the patient</b></p>	<p>5.3.1. Chooses and manages the fitting of toric contact lenses</p>	<p>Demonstrates an understanding of the types of astigmatism which require correction            Chooses the appropriate type of CL correction to meet the relevant needs of the patient            Demonstrates an understanding of the designs and materials available in toric contact lenses and selects the appropriate toric lens for the needs of the patient</p>
		<p>5.3.2 Chooses and manages the correction of presbyopic patients</p>	<p>Demonstrates an understanding of the advantages/disadvantages of the various methods of managing presbyopia and chooses the most appropriate method for the needs of the patient</p>
		<p>5.3.3. Understands the techniques used in fitting complex contact lenses and advises patients requiring complex visual correction.</p>	<p>Knows the methods for the CL correction of aphakia, high ametropia, keratoconus post-surgical and post-refractive surgery            Including:</p> <ul style="list-style-type: none"> <li>• the types of lenses available, their fitting characteristics, fitting technique and any patient advice required when fitting these lenses</li> </ul>

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
<p><b>6. Ocular Disease</b></p> <p><i>The ability to identify and manage ocular abnormalities</i></p>	<p><b>6.1 The ability to manage patients presenting with eye disease, including sight threatening eye disease</b></p>	6.1.1. Understands the risk factors for common ocular conditions.	Understands the risk factors for developing common ocular conditions including: Glaucoma, cataract, diabetic retinopathy and ARMD
		6.1.2. Interprets and investigates the presenting symptoms of the patient.	Asks appropriate and relevant questions to follow up presenting symptoms Recognises a significant symptom (including reduced vision) Investigates the presenting symptom Interprets the results
		6.1.3. Develops a management plan for the investigation of the patient.	Recognises that there is a need for action and further investigation within the primary care setting Chooses and carries out an appropriate technique for that investigation Interprets the results and acts in line with College of Optometrists and NHS guideline
		6.1.4. Identifies external pathology and offers appropriate advice to patients not requiring referral.	Uses an appropriate method for looking at the external eye, grades what is seen at the initial check and at follow up covering: <ul style="list-style-type: none"> <li>• External eye and ocular surfaces</li> <li>• Lids, lashes, lumps/bumps and red eye</li> </ul> Gives the correct advice /treatment and review period Aware of pharmaceutical agents available (legal status, indications, contraindications and side effects and uses appropriate sources of medicines information) Explains clearly to the patient and checks their understanding
		6.1.5. Recognises common ocular abnormalities and refers when appropriate.	Recognises, using appropriate technique/s, all of the following: <ul style="list-style-type: none"> <li>• Cataract</li> <li>• Glaucoma or glaucoma suspects</li> <li>• Anterior eye disorders e.g. blepharitis, dry eye, meibomian gland dysfunction, lid lesions</li> <li>• AMD and macular abnormalities</li> </ul> Manages appropriately
		6.1.6. Manages patients presenting with cataract.	Understands the impact of cataract on patients' lifestyle Provides advice on minimising impact on lifestyle – non surgical management Shows awareness of HES management – understands the risk and benefit of surgery. Provides appropriate advice and management including, when necessary, referral for cataract extraction
		6.1.7. Manages patients presenting with red eye/s.	Obtains relevant information from the patient Uses appropriate methods of examination to enable differential diagnosis Appropriately manages the patient after diagnosis
		6.1.8. Evaluates glaucoma risk factors, to detect glaucoma and refer accordingly.	Discusses the key risk factors Identifies findings suggestive of open and closed angle glaucoma from clinical examination Uses above information to determine if referral is appropriate Decides on urgency and pathway of referral
		6.1.9 Manages patients presenting with macular degeneration.	Distinguishes between wet and dry AMD from symptoms and clinical findings Establishes patient needs and visual function Makes appropriate recommendations for management or referral Understands potential treatments both medical and "in practice" options

		6.1.10. Recognises, evaluates and manages diabetic eye disease and refers accordingly.	Recognises and names correctly the stage of diabetic eye disease Gives local referral route and the appropriate timescales for referral for the following diabetic retinopathies: Background/ Maculopathy/ Pre-proliferative/ Proliferative
		6.1.11. Understands the treatment of a range of common ocular conditions.	Demonstrates a basic understanding of the treatment regimes of cataract, AMD, glaucoma, diabetic eye disease and minor anterior eye problems Can discuss the treatment options for 2 of the above conditions
		6.1.12. Evaluates and manages patients presenting with symptoms of retinal detachment.	Identifies, evaluates and investigates significant symptoms Assesses risk factors Carries out an appropriate eye examination, Manages the findings according to local protocol
		6.1.13. Recognises ocular manifestations of systemic disease.	Provides evidence of examining patients and recognising ocular manifestations of systemic disease in hypertension and diabetes Answers questions and recognises a range of ocular conditions from images provided by the assessor and relates these to the systemic disease
		6.1.14. Assesses symptoms and signs of neurological significance.	Assesses the relevant symptoms and signs Understands which signs/symptoms could relate to a neurological condition and the follow up information required to make a differential diagnosis Understands the significance and relative importance of the findings Manages appropriately
		6.1.15. Recognises adverse ocular reactions to medication.	Shows awareness relating to sources of information of adverse reactions Provides evidence of the recognition of an adverse reaction to medication (systemic or topical) Identifies and/or lists the Ocular Adverse reactions to a range of common medications (systemic or topical) Describes the reporting scheme

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
<p><b>7. Assessment of Visual Function</b></p> <p><i>The ability to assess visual function in all patients</i></p>	<p><b>7.1 The ability to make appropriate prescribing and management decisions based on the refractive and ocular motor status</b></p>	<p>7.1.1. Refracts a range of patients with various optometric problems by appropriate objective and subjective means.</p>	<p>Achieves accurate retinoscopy, and end point subjective results Near add and range appropriate to needs Uses appropriate methods of checking e.g. +1.00Ds blur and use of pin-hole Understands the relationship between vision and prescription and symptoms and prescription</p>
		<p>7.1.2. Uses appropriate diagnostic drugs to aid refraction.</p>	<p>Understands the indications/contraindications/legal aspects for use and supply of cycloplegic drugs Carries out the procedure safely Interprets the results Appropriately records all aspects of the examination</p>
		<p>7.1.3. Assesses children's visual function using appropriate techniques.</p>	<p>Uses a range of assessment strategies according to age and ability to include:</p> <ul style="list-style-type: none"> <li>• Vision, OMB and Stereopsis</li> </ul> <p>Knows the expected norms for different ages</p>
		<p>7.1.4. Understands the techniques for assessment of vision in infants.</p>	<p><i>Describes the use of vision testing equipment, for an infant under 2 years old, for example, preferential looking, optokinetic nystagmus</i></p>
		<p>7.1.5. Assesses patients with impaired visual function and understands the use of specialist charts for distance and near vision, and the effects of lighting, contrast and glare.</p>	<p>Assesses vision and adapts refraction routine depending on circumstances, for example, age, amblyopia, visual impairment Is realistic in their expectations for patient <i>Understands the use and scoring of specialist charts e.g. Peli Robson, LogMar to assess vision/VA and contrast sensitivity</i> Understands the benefits of lighting and the adverse affects of lighting/glare</p>
		<p>7.1.6. Understands the special examination needs of patients with learning and other disabilities.</p>	<p>Recognises what range of patients have special examination needs Treats those with learning and other disabilities without prejudice in a courteous and sensitive manner and, in addition, have an ability to empathise with the patient. Demonstrates an awareness of the need to be flexible in their approach to the examination, amending and adapting techniques and communication appropriately.</p>
		<p><i>7.1.7. Understands the special examination needs of patients with severe visual field defects.</i></p>	<p>Understands the different types of severe visual field defect and how to adapt examination technique to take them into account, in particular:</p> <ul style="list-style-type: none"> <li>• Consideration of patient's mobility,</li> <li>• Adaptation of routine</li> </ul>

Unit of Competency	Elements of Competence	Performance Criteria	Indicators
<p><b>8. Assessment and Management of Binocular Vision</b></p> <p><i>The ability to assess and manage patients with anomalies of binocular vision</i></p>	<p><b>8.1 The ability to assess and make appropriate prescribing and management decisions based on the ocular motor status of the patient</b></p>	<p>8.1.1. Assesses binocular status using objective and subjective means.</p>	<p>Takes a case history that covers patient history and symptoms relevant to binocular status only Undertakes objective tests using suitable targets, and assessing deviation accurately Undertakes subjective tests using suitable targets, as appropriate to patient</p>
		<p>8.1.2. Understands the management of patients with an anomaly of binocular vision.</p>	<p>Recognises which management option is appropriate dependant on presenting symptoms and history Demonstrates an understanding of the principles of different types of management including refractive, orthoptic, prismatic, surgery Is able to describe in detail the orthoptic exercises given</p>
		<p>8.1.3. Investigates and manages adult patients presenting with heterophoria.</p>	<p>Relates OMB tests and symptoms and decides on appropriate management Evidences correct management including complete patient advice. Is able to discuss alternatives including prism, refraction, exercises and referral</p>
		<p>8.1.4. Manages adult patients with heterotropia.</p>	<p>Identifies onset and type of tropia from appropriate questions during symptoms and history and appropriate clinical tests Demonstrates appropriate management of different types and onsets of tropia Understands treatment options including potential benefits/limitations of squint surgery Gives advice to patient about their condition and possible effect on lifestyle e.g. driving</p>
		<p>8.1.5. Manages children at risk of developing an anomaly of binocular vision.</p>	<p>Identifies signs and symptoms in relation to personal / family history Understands/ administers and interprets appropriate examination procedures with respect to age and developmental ability Provides appropriate management of the child</p>
		<p>8.1.6. Manages children presenting with an anomaly of binocular vision.</p>	<p>Identifies and manages significant heterophoria or strabismus in children Demonstrate knowledge of possible orthoptic treatment at hospital Demonstrates knowledge of hospital waiting list times locally</p>
		<p>8.1.7. Manages patients presenting with an incomitant deviation.</p>	<p>Carries out and interprets motility and cover test results. Takes and interprets History and Symptoms Recognises that additional tests are required and interprets the results. Appropriately manages the condition Understands the musculature involved</p>