March 2008

VISIT GUIDELINES FOR THE APPROVAL OF TRAINING ESTABLISHMENTS

FOR

UNITED KINGDOM DEGREES IN OPTOMETRY

Contents

1. Introduction

1.1 The General Optical Council (GOC)

1.1.1 In the interests of the public and for their protection, optometrists and dispensing opticians are regulated by the General Optical Council [GOC] to promote and enforce high standards of education, training and conduct, so as to ensure an adequate and safe standard of eye care. In the interests of the public and for their protection, the GOC also registers students who are training as optometrists and dispensing opticians.

1.1.2 Registration provides for the accountability of those suitably qualified as optometrists, dispensing opticians and bodies corporate and of students currently undergoing training.

1.2 GOC Visits

1.2.1 The GOC periodically makes visits to training establishments to ascertain whether the instruction given to persons training as optometrists and dispensing opticians appears to be such as to secure to them adequate knowledge and skill for the safe practice of their profession. The Visits take place under powers given by Sections 12 and 13 of the Opticians Act 1989. This Handbook deals specifically with establishments training optometrists.

1.2.2 The role of the GOC Visitor, in the interests of public safety, is:

a. to advise the Council whether a particular optical training establishment should continue to be approved under the Opticians Act 1989 [as amended].

b. to make recommendations for improvements, where appropriate, to the programme.

1.3 Existing Programmes

1.3.1 The process of granting continued approval to a training establishment, which has already been approved by the GOC, will follow a number of key stages. These are shown in **Appendix 1.**

1.3.2 It is a matter for the Education Committee to decide, in the light of the Visitors' Report, whether or not to recommend to Council the continued approval of a training establishment. If continued approval is not granted the Council will not register students who have graduated from an optometry programme at that particular training establishment.

1.4 Process for approval of new optometry programmes

1.4.1 From time to time a training establishment which is not an Approved Training Establishment under Section 12 (1) of the Opticians Act 1989 [as amended] may decide to offer a new programme in optometry. The process to be followed by that training establishment for approval is set out in **Appendix 2.**

1.4.2 The training establishment may already be 'an approved training establishment' under Section 12 of the Act. For example, it may be approved to offer a programme in ophthalmic dispensing, or it may be approved to offer a programme in optometry, but now wishes, for example to deliver that programme by another route, - part time, distance learning. If a new form of delivery is being proposed, then the GOC will consider this to be a new provision, which must be subjected to the same process as for the approval of a new training establishment as described in Section 1.3.1. above (see Appendix 1).

1.5 This Handbook in context

1.5.1 **Under Sect 12(1)(b) of the Opticians Act 1989 (amended 2005) the GOC '*shall from time to time establish the content and the standard of education and training (including practical experience) required for the purpose of achieving the competencies which a person must be able to demonstrate in order to be granted a qualification as an optometrist or dispensing optician.'***

1.5.2 The GOC endorses The **Better Regulation Task Force** five Principles of Good Regulation:

- Proportionality
- Accountability
- Consistency
- Transparency
- Targeting

1.5.3 . The content and standards for optometry undergraduate education and training are encapsulated in this Handbook. It is one of a suite of inter-related documents which, taken together, will form an overall guidance for the GOC Visits. This Handbook deals only with establishments involved with the training of optometrists. A further Handbook for the Approval of Schemes for Registration (Optometry) has been written. Similar Handbooks have been written for visits to establishments training dispensing opticians and to Schemes for the Registration of dispensing opticians.

1.5.4 This Handbook will guide:

(i) training establishments in the design and delivery of their optometry programmes by listing the expectations of the GOC in defined areas of undergraduate education and training;

(ii) GOC Visitors in their audit of optometry degree programmes, who will weigh and measure evidence on education and training and come to an overall judgement against these guidelines;

(iii) Officers of Council in their preparation for visits and for the writing and presentation of formal written reports.

1.5.5 The Handbook seeks to encourage innovation within the context of the GOC's remit of ensuring the safety of the UK public through fair and appropriate regulation. It is intended that the training establishments should use the sections of the Handbook as the blocks upon which to build the details of their programme. The GOC Visitors will use the Handbook to audit the undergraduate education and training which the establishments are providing.

1.5.6 The Handbook is written so that it can be used as a guide to Visits of existing provisions and of new provisions. The Handbook gives guidelines for optometry programmes irrespective of the mode of delivery (for example, full time, part-time).

1.5.7 In sections 2-7 below, the GOC has described what, in general terms it expects training establishments to achieve in order to secure approval or continuing approval of their programmes, whether those programmes already exist or whether the programme is a new provision. .

1.5.8 For each item, the University is asked to demonstrate how the standard has been utilised in the design and delivery of the proposed programme. Where the standards are not achieved then the GOC would wish the training establishment to explain the reasons for this and where appropriate to indicate what alternatives have been put in place so as to secure an adequate level of training and education.

1.5.9 The GOC has placed particular emphasis on Sections 2 below to enable it to discharge its legal responsibilities in relation to ensuring patient safety. This means that students must [a] demonstrate that they have reached an adequate level of competency for entry to supervised pre-registration placement; and [b] must also demonstrate that they have gained the minimum amount of experience (or the equivalent - - see paragraph 1.5.8 above) with each patient group, as identified in Section 2. To enable students to provide such evidence they should:

- receive appropriate professional support
- by optometrically qualified staff
- within the adequate clinical and management framework of the undergraduate programme.

2. Optometry Programme[1] construction

2.1 Design & Structure

2.1.1 The GOC expects that the optometry programme should consist of the following (a-g below). The structural elements of the programme will be assessed by Visitors to evaluate whether they reach these guidelines on the basis of the information provided by the University.

a. at least 80% of the components of a 360 (480 credit points in Scotland) credit honours degree course should deal collectively with areas relevant to the practice of optometry;

b. at least 75% of the final year should be relevant to the optometric core curriculum;

c. theoretical and clinical curricula should be related in both structure and function, and provide information regarding flexible teaching and learning methods, learning objectives, assessment methods and requirements, and staff responsible for delivery;

d. at least 30% of those parts of the whole degree programme, common to all students, should involve practical applications in clinical settings;

e. the latter stages of the programme, in which the students develop higher levels of knowledge and clinical skills, should comprise a significant part of the basis of assessment for the final degree classification. The assessments in the final year should contribute at least 60% to this classification.

f. the programme should have an element, comprising not less than 10 credit points, which develops the students' ability for critical thinking and an analytical approach to the evaluation of clinical and research information. Typically this will be an element including research methodology, for example, in a project or dissertation;

g. subject specific skills and general transferable skills in order to demonstrate the attributes of "graduateness" contained in the Quality Assurance Agency (QAA) benchmarking statement for optometry

[1] In this Handbook the term 'programme' has been used throughout to mean the structures within which optometry students are taught. Other terminology might be 'course' or 'field'.

2.2 GOC Core Curriculum and Core Competencies and Learning Outcomes

2.2.1 The following learning outcomes, based largely on QAA documentation[2] 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.

i. 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 and 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

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Available at http://www.qaa.ac.uk/academicinfrastructure/benchmark/defaul/asp

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.

2.2.3 The University should demonstrate:

a. how the programme matches the GOC Core Curriculum and Competencies Stage 1 (see **Appendix 4**).

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).

2.2.4 A suggested pro-forma to capture the above information is shown at **Appendix 5**.

2.3 Clinical work

2.3.1 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;

2.3.2 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 listed in **Appendix 5**. 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.

2.3.3. 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/Orthoptcs 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

f) 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.

2.4 Access to patients with Abnormal Eye conditions

2.4.1. This might include attendance at:

a. General ophthalmology clinics

b. Specialist ophthalmology clinics

c. Orthoptic clinics

d. Casualty/triage clinics

2.4.2. 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.

2.4.3 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.

2.4.4 Visitors will expect to see a regular monitoring process in place to ensure that EACH student meets the minimum expectations.

Visitors will wish to sample the logbook recording arrangements to check on the mechanisms for logging sessions and to check that the methods of providing student feedback are satisfactory.

The Visitors will wish to see a print out of the number of '*real*' patient experiences for each named student who was in the final year of the course in the last academic year.

Patient experiences should be categorised into the different types of patient experience as outlined in para 2.3.4 a-f and 2.4.

2.5 Clinical Governance

2.5.1 The University should provide a written protocol for adequate supervision during clinical experience.

2.5.2 The University should provide a written protocol for out-of-hours cover for patients of the optometry clinic.

2.5.3 Visitors would expect to meet with the member of staff responsible for clinical governance issues in optometry. In addition the Visitors will be looking for evidence of the appropriateness and safety of the clinic environment i.e. is adequate supervision given to students during clinical experience, and is there sufficient cover for patients at the optometry clinic.

3. Teaching, learning and assessment

3.1 Teaching and Learning Techniques

3.1.1 It is expected that teaching and learning should incorporate, for both clinical and non-clinical elements:

a. a range of contemporary practices that are relevant to the needs of the discipline of optometry and needs of students (incorporating new developments in educational technology) and to the future demands of primary and secondary health care;

b. a variety of approaches to achieving and assessing learning which must be appropriate to its stated objectives, including:
   - lectures,
   - practical classes,
   - seminars,
   - workshops,
   - tutorials,
   - computer -aided learning,
   - clinical sessions and visits.

c. the development of the student's ability to independently manage clinical situations and problems evolving from gradual acquisition and application of clinical skills;

d. ways to develop students' skills of independent self-learning, self-management, team working and peer assessment;

e. any opportunities to participate in vision research and other postgraduate activities (to take place alongside formal teaching and learning).

3.2 Assessment Structures and Procedures

3.2.1 It is expected that assessment structures and procedures should:

a. combine formative and summative elements to promote scholarship and knowledge, for example, examinations (MCQ, short-answer, essay), essays, projects, dissertations and other assignments;

b. equip students appropriately for prospective first entry into a variety of clinical optometric environments through the assessment of competence in clinical subjects, as defined by the GOC, by either one examination at the end of the optometry programme, taken under full examination conditions; or a series of tests taken under examination conditions forming part of the assessment every year.

c. provide sufficient feedback to students to enable maximum learning and achievement.

4. Student progression and achievement

4.1 The University should provide the following information for the past three cohorts of students:

a. Entry requirements and entry grades

b. Numbers applying and accepted for each of the last three years.

c. Information on the University's attempts at widening participation and at appropriate induction arrangements for students with different needs, including the arrangements for assisting the induction of overseas students.

d. Qualifications awarded and careers information and guidance.

4.2 The University to provide the following data on:

a. Number and percentage of students who passed examinations in all subjects in each of the last three years showing grade, including drop out and progression rates for each year of the last three years.

b. Number of students who completed or failed the degree examinations in each of the last three years.

c. Number of students who failed the professional examination at the first attempt; and an analysis by section of those who failed.

4.3. <u>Progression to the Pre-registration practical period.</u>

4.3.1. It is expected that the University inform optometry students, prior to their entry to an optometry programme that in order to progress to the supervised practical pre-registration period, students must achieve all parts of the Stage 1 competencies as described in **Appendix 4.** Students should be informed that should they fail to achieve any of the competencies or delay entry to the PRP for more than two years following graduation that they will be required to satisfy the requirements of the GOC PRP Progression Scheme before they will be allowed entry the PRP.

5 Monitoring and Evaluation

5.1 The GOC expects the University to indicate that it has a commitment to continuing quality enhancement and should describe its quality enhancement procedures. The University should demonstrate that the following procedures are in place and that they are effective:

a. the appointment of at least two External Examiners, one of which must be an optometrist and who should be involved in verifying the standard of work across the programme in all areas. The GOC would expect to see all the External Examiners written reports produced since the last visit, covering all aspects of the programme, and in addition monitoring reports and internal validation reports for up to five years;

b. (in the case of established programmes), evidence of the response to previously relevant GOC's reports;

c. a Board of Examiners with an appropriately detailed set of Programme and Assessment Regulations;

d. appropriate arrangements for programme management and consultation (e.g. a Programme Board of Studies, Staff-Student Consultative Committee);

e. an annual monitoring process documenting appropriate meetings of staff and students with due discussion of appropriate programme data;

f. quinquennial review and evaluation, with appropriate external expert representation;

g. mechanisms for receiving feedback on programme quality from students and staff.

6 Staffing

6.1 Management and leadership of the programme

6.1.1 The academic unit incorporating optometry or, if this is an inappropriate definition, the optometry programme, should have a senior, optometrically qualified academic, preferably at professorial level, in a leadership position for the programme, who would normally chair the Programme Committee or Board. This person should have appropriate technical and administrative support.

6.2 Teaching Staff Information

6.2.1 The net staff/net student ratio for the optometry programme should not exceed 17:1, to include part-time hourly paid staff. A minimum number of four full-time optometrically qualified staff is required to run an optometry programme competently.

6.2.2 The proportion of full-time equivalent clinically registered, optometry staff * to the total number of academic staff allocated to the optometry programme should not fall below 50% of the total.

6.2.3 The proportion of total hours of staff contact time provided from part-time hours budget should not exceed 30% across all years of the programme and including academic and clinical teaching.

6.2.4 An adequate level of 'direct support' to academic staff is to be expected (e.g. to include technical personnel).

6.2.5 The following standard information is required:

a. a description of all staff (names) teaching on the programme along with their roles and their qualifications;

b. the total teaching hours for each person named on the above staffing list, [ii] the teaching hours allocated by each named staff member to the optometry programme; and [iii] an indication of any impending changes of which the University is aware;

c. a description of the resource allocation model applying to the optometry programme;

d. the total and net full-time equivalent (fte) undergraduate student numbers *for all programmes* taught by the optometry programme.

e. The net staff/net student ratio for the optometry programme.

f. The proportion of full-time equivalent clinically registered, optometry staff to the total number of academic staff within the optometry programme.

g. The proportion of total hours of staff contact time provided from part-time hours budget should be indicated.

* Recognition will be given to other appropriately qualified and registered clinical staff, but it is to be expected that optometrists will be in the majority.

6.2.6 A suggested proforma to capture the above information is shown at **Appendix 6**

6.2.7 It is expected that teacher-practitioners and visiting lecturers from community or hospital optometry practice, and appropriate persons from other health professions should be involved in teaching/support for learning and assessment.

6.3 Support staff

6.3.1 The number of staff supporting the optometry programme and for the Clinic should be listed. These should include administrative assistants, secretaries, clinic receptionists, clinical administrators, and technical support staff.

6.4 Staff Development.

6.4.1 The University should provide evidence of staff development programmes for staff employed in accredited optometry programmes to include:

a. the establishment's Policy Statement on Staff Development;
b. pedagogical support for staff new to University teaching;
c. opportunities for staff to remain abreast of professional registration requirements (clinical skills, major advances in knowledge and research);
d. arrangements for the mentoring and general support of part-time staff;
e. evidence of encouragement of and opportunities provided for professional and clinical development, together with evidence of take up by optometry staff in recent past.

7. Resources and facilities

7.1 The University should provide the following information on resourcing:

- Funding Council total grant for the optometry programme
- Teaching grant for optometry
- Total consumables budget
- University overheads (charged to the optometry programme)
- Clinic income (gross and net)
- Total expenditure
- Salary budget for the programme
- Part-time hours budget

7.2 Accommodation

7.2.1 The University should provide equipment that is suitable for clinical training and equipment should be fit for practice. In addition, the following information should be provided:

a. a detailed list of all of the physical space occupied by the optometry programme showing the area in square metres for all dedicated space (assigned to the optometry programme) including laboratories, pre-clinics and main clinical facilities;

b. the aggregate space under each category of lecture/tutorial rooms, teaching laboratories, research laboratories, pre-clinic space and clinic space;

c. a detailed description of the clinic facility indicating the number of consulting rooms available, the associated clinical investigational space (e.g. instrument rooms), the size and disposition of the optical dispensary, the provision of workshop facilities, and the size of the reception and front office facilities. It is recommended that the Clinic has sufficient consulting rooms to take 25% of the final year cohort at one time. 20% of the entering cohort should be able to use the pre-clinic facilities at the same time.

7.3 Clinic equipment

7.3.1 The University should provide a full list of equipment provided for the optometry programme. **Appendix 7** provides details of the expected minimum.

7.4 Learning Resource Strategy

7.4.1 The University is asked to provide its policy statement on learning resource strategy for utilisation of new educational technology, along with evidence of provision, functionality and its fitness for purpose.

7.4.2 Library and information technology facilities in the forms of library books and journals' electronic information systems and information technology equipment and systems should be listed.

Appendix 1a
The Visit format for Established Programmes

The Visiting team will always comprise of at least the following:

- Chair – Member of Visiting Panel
- Two Optometrist Visitor
- One Educationist Visitor
- One Dispensing Optician Visitor
- One Ophthalmologist Visitor

The Team will wish to meet the following persons during the Visit, which will last no longer than 3 days:

- Vice-Chancellor and/or appropriate senior University managers
- The Head of Optometry or the equivalent person
- The Clinic Manager
- Staff teaching on the programme
- Support staff
- Staff from relevant University services (e.g. library)
- Students from each cohort
- Staff from hospitals used by the programme
- Local employers
- Local Supervisors
- Recent graduates

A record will be kept of these meetings

The Team will wish to observe the following:

- Teaching sessions
- Clinic sessions
- All equipment and facilities
- The hospital environment(s) used by the programme

NB: Under certain circumstances the Education Committee may deem it necessary to send Education Committee Panel Visitors.

Appendix 1b

Timescale and stages of the approval process

A letter to be sent to existing providers one year before the process is due to commence, and with negotiation to determine the broad time frame for the visit.

Week 0

- An initial letter from GOC indicating the start process and issuance of this Handbook, a statement of required documentation (See **Appendix 1**) and the selection and briefing of team of Visitors.

Week 8

- Receipt of documentation required.

Week 11

- Formulate a visit agenda, following closely the contents of the handbook, and any further documentation required.
- Request for further documentation required by Visitors

Week15

- The Visit (See **Appendix 2A**)

Week 20

- The first draft of the written report to Visitors (see **Appendix 2b**)

Week 24

- The amended draft to the Training Establishment for factual correction

Week 26

- Final report

Week 30

- Action plan received from Training Establishment for formal consideration by Education Committee

N.B. During Christmas and Easter, timescales will be adjusted to allow for holiday periods.

Appendix 1c

The Written Report

The written report will take the following format:

- Brief introduction to the Establishment.
- Visit Recommendations and Conclusion under the following sections:
    - Programme construction – programme design, match with core competencies and syllabus
    - Staffing –leadership, staff-student ratios, other staff, staff development
    - Resources and facilities – financial, accommodation, equipment, library
    - Teaching, learning and assessment
    - Student progression and achievement
    - Monitoring and evaluation
    - Period of approval and associated conditions
- Précis of meetings held
- Standing conditions (see Appendix 8)
- Appendices

Appendix 2

Procedure for approving 'new' training establishments and 'new' programmes:

Training establishments should be aware that the GOC considers that in order to form an effective proposal for a new programme about 2 years preparation time is required. Training establishments considering new programmes should therefore contact the GOC at the earliest opportunity to agree a suitable timescale for the appropriate development and consideration of the proposal.

a. The training establishment should make a submission to the Education Committee outlining its intentions for the new provision, giving the same details as required by this Handbook for established programmes.

b. Education Committee meets three times a year, in January, April and September. Papers for the Committee go out (usually) two weeks before a meeting.

c. Once it has received outline details and considers these the Committee will ask a Group from within it's own membership to visit the training establishment offering to new provision so as to take the matter further. This is not a Panel Visit. The role of the Education Committee Visitors to a new programme (or new examination etc) is:

   i) To offer any assistance and advice to the training establishment in the establishment of the programme;

   ii) advise the Education Committee on whether provisional approval should be granted to the programme; and

   iii) ensure that matters of public safety are addressed.

d. The Committee would receive a report of that preliminary meeting, which will enable the Committee to advise Council whether provisional approval should be granted so that the establishment can start recruiting students.

e. Once the programme has started the Committee Visitors will visit in each year of its development.

f. A report to the Education Committee will be produced after each Committee Visit and provisional approval can be withdrawn at any stage.

g. When the Committee is satisfied it will advise Council that a **Panel Visit** is required and it will then be a matter for the Council to decide on full approval, which initially may be for a shorter period than the usual five years.

At its meeting of 6 March 2003, the General Optical Council agreed the following policy statement:

'Training Establishments wishing to provide training courses for entry to pre-registration arrangements for Optometry or Dispensing Optics, should obtain provisional approval for their proposals BEFORE students are enrolled to the training course. If students are enrolled before provisional approval is secured, the GOC will NOT give provisional approval to that part of the course which has run prior to provisional approval being granted.'

Appendix 3

Information required from the Training Establishment

1. Particulars of the Establishment

- Name of University
- Address
- Details, which the Visitors might find helpful of the nature, size and organisation of the establishment.
- Number of 'departments' (or equivalent unit)
- Total number of students (approx.)
- Name of Department (or equivalent unit) teaching optometry
- Name and qualifications of the Head of the Department (or equivalent unit) teaching optometry
- Number of weeks in academic year (including exams)
- Name(s) of optometry programme(s)
- Student Handbook
- Optometry Programme Information
- Other recent external body reports (e.g. QAA)

The University is asked to demonstrate how the statements in Sections 2 – 7 are satisfied. This is best achieved by the University writing an evaluation of the issues raised in each Section in the same sequence as presented in the Handbook. The University should then provide separately written evidence to support each Section or indicate where the evidence is located in existing university documents, which should made available to the GOC.

Appendix 4

Optometry Core Competencies (Stage 1)

In order to progress to the pre-registration period each graduate must, at the end of their University education and training:

- Hold at least a 2ii honours degree in an approved optometry course of training
- Be competent in the following "ability to do" competencies:

	"Ability to do" competencies to be tracked for each student (n=31)
Communication & Professional Conduct (5)	1.1.1 **Ability** to communicate effectively with the patient, taking into account his/her physical, emotional, intellectual and cultural background – building a rapport
	1.1.4 **Ability** 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 **Ability** to take a structured, efficient, accurate history and symptoms from patients with a range of ophthalmic problems and needs.
	1.2.2 **Ability** to produce comprehensive, legible and organised record keeping with appropriate detail and grading
	1.3.2 **Ability** to interpret and respond appropriately to patient records and other relevant information.
Visual Function & Ametropia (4)	3.1.1 **Ability** to measure visual function of patients of any age with appropriate tests and techniques
	3.1.3 **Ability** to assess visual function in patients with visual impairment.
	3.2.2 **Ability** to use subjective and objective techniques to identify and quantify ametropia
	3.2.3 **Ability** to use appropriate ocular drugs diagnostically and to aid refraction.
Optical Appliances (3)	4.1.1 **Ability** 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 **Ability** to adjust a spectacle frame or mount to optimise physical and optical performance.
	4.2.1 **Ability** to measure and verify optical appliances, taking into account relevant standards.
Ocular Examination (8)	5.1.1 **Ability** to examine for abnormalities of the external eye and adnexa using appropriate instruments and techniques
	5.1.2 **Ability** to examine for abnormalities of the cornea using appropriate instruments and techniques
	5.1.3 **Ability** to use contact and non-contact tonometers to measure intraocular pressure and analyse and interpret the results.
	5.1.4 **Ability** to examine for abnormalities in the anterior chamber.
	5.1.5 **Ability** to examine for abnormalities in the iris and assess pupil reflexes
	5.1.6 **Ability** to examine for abnormalities in the crystalline lens using appropriate instruments and techniques
	5.1.7 **Ability** to examine for abnormalities in the vitreous and fundi using appropriate instruments and techniques
	5.1.9 **Ability** to select appropriate, and use safely, the range of ophthalmic drugs and diagnostic stains available to an optometrist
Ocular	6.1.1 **Ability** to take a structured ophthalmic history taking into account awareness of risk factors of ocular and systemic disease (see 1.2.1).

Abnormalities (2 + 2 Grey)	6.2.1. **Ability** to assess visual function and the appearance of the eye and adnexa (see 3 & 5)
	6.3.1 **Ability** to interpret signs and symptoms of ocular abnormality.
	6.4.1. **Ability** to make an appropriate management plan, including the **ability** to make appropriate urgent referrals, for each patient and to involve the patient in the decision making process.
Contact Lenses (4 + 3 Grey)	7.1.1 **Ability** to take an appropriate history and symptoms including previous contact lens wear (see 1.2.1).
	7.1.2 **Ability** to assess anterior eye health (see 5.1.1 and 5.1.2).
	7.2.1 **Ability** to quantify corneal shape and size, and pupil (see 5.1.2).
	7.2.2 **Ability** to select the optimum lens.
	7.3.2 **Ability** to assess and optimise lens fit.
	7.4.1 **Ability** to teach a patient to safely insert, remove and care for contact lenses.
	7.5.1 **Ability** to monitor and manage the anterior eye health of contact lens wearers.
Binocular Vision (4 + 1 Grey)	8.1.1 **Ability** to take an appropriate binocular vision and/or child's history (see 1.2.1).
	8.2.1 **Ability** to assess eye alignment and eye movements.
	8.2.2 **Ability** to assess sensory fusion and stereopsis.
	8.2.3 **Ability** to assess oculomotor function.
	8.2.4 **Ability** to assess accommodation.
Visual Impairment (1 + 2 Grey)	9.1.1 **Ability** to take an appropriate history of a visually impaired patient (see 1.2.1).
	9.1.3 **Ability** to accurately quantify visual impairment and relate it to the underlying pathology and functional consequences (see 3.1.1).
	9.3.2 **Ability** to advise on the use of optical and non-optical aids.

Appendix 5

PROFORMA TO SHOW DELIVERY OF
CORE CLINICAL COMPETENCIES STAGE 1

Level = Module level SEM = semester FORM = formative assessment SUM = summative assessment

Note: By way of example a sample selection of the competencies contained within The Revised Core Competency Based Curriculum for Undergraduate Training in Optometry are shown below. The full list of competencies can be found at Appendix 9.

GOC TECHNIQUE	MODULE	Level	SEM	FORM?	SUM?
1.1 Communication Skills					
1.1.1 Ability to communicate effectively with the patient					
1.1.1 Understanding of how to communicate with patients who have poor or non verbal communication skills, or those who are confused, reticent or misled.					
1.1.3 Understanding of how to deal effectively with patient concerns or complaints.					
1.1.4 Ability to make patient feel at ease and informed.					
1.1.5 Understanding how to communicate the need for further investigation, referral or bad news.					
1.1.6 Understand the patient's expectations and aspirations and to manage situations where these cannot be met.					

Appendix 6

Staffing Tables

Suggested matrix to present the staffing information as outlined in section 6.2.5. Information should clearly state whether a person is permanent or contractual, full time or part time, etc.

Table 1 – Teaching staff details

Name of staff member teaching on the programme	-FT -PT -Hourly paid -Teacher-practitioner, -Visiting lecturer -Other	Role and qualifications	Total annual teaching hours	Total annual teaching hours allocated to the optometry programme	Indicate any impending changes
Staff member 1					
Staff member 2 Etc					

The University is asked to provide its formula for calculating full time equivalence.

Table 2 –Student and Staffing specification allocated to the optometry programme

Total and net fte students taught by the optometry programme	
Net SSR for the optometry programme *	
Proportion of FTE clinically registered optometry staff per total number of academic staff in the unit	
Proportion of total hours of staff contact time provided from the pt hourly budget	
Number of staff supporting the optometry programme (fte): 1. Administrative assistants 2. Secretaries 3. Clinic receptionists 4. Clinical administrator 5. Technical staff 6. Other	

* A description of the resource allocation model, along with how the SSR is calculated, should be provided.

Appendix 7

Clinic Equipment

The University should provide a full list of equipment provided for the optometry programme incorporating optometry and the following is expected:

20 Core equipment in each cubicle

- Test chart or Projector chart
- Chair that can be raised and lowered
- Stool
- Refractor Head
- Trial case
- Near chart
- Near fixation disparity unit and visor
- RAF rule
- Mirror (unless direct projection of > 4m)
- Tissues

If cubicle is used for Contact Lenses (in addition to core items)

- Suitable access to hand washing facilities
- Keratometer
- Slit lamp
- Burton Lamp
- CL solutions

Additional equipment (accessible centrally at a minimum of 4 cubicles to each item)

- Hand washing facilities
- Slit lamps (preferably with teaching arm or video)
- Perkins tonometer
- Goldman tonometer
- Non-Contact tonometer
- Binocular Indirect Ophthalmoscope with condensing lens
- Visual Fields equipment
- Focimeter
- Stereovision test
- Diagnostic drugs including vital stains
- Colour Vision tests (i.e. Ishihara, City, D15) with suitable light source
- CL verification equipment
- Diagnostic Contact Lenses

Available equipment

- Gonioscope lenses
- Volk lenses
- Method of CL disinfection
- Retinoscope
- Ophthalmoscope
- Volk lens
- Cover paddles
- Pentorch
- Trial frame
- Cross Cyls
- Rules

Pre-clinic facilities

- Dispensing area for selection and fittings
- Workshop facilities for repairs
- Reception staff area
- Secure patient record card system
- Computerised database
- Reminder system

Appendix 8

Standing Conditions

These are conditions, which will apply in all circumstances of degree accreditation.

To be confirmed.

Appendix 9

THE GENERAL OPTICAL COUNCIL STAGE 2 CORE COMPETENCIES FOR OPTOMETRY

The following are the REVISED competencies for registration as an optometrist

APPROVED BY THE GENERAL OPTICAL COUNCIL ON

1 JULY 2004 and ratified 30 June 2005

Achievement of ALL the Core Competencies must be demonstrated at some stage during the period of the scheme

The GOC has placed the competencies in to three categories for assessment purposes:

High assessment competencies – in bold

Medium assessment competencies – in italics

Standard assessment competencies – in standard type

Core Subject 1: Communication Skills

The ability to communicate effectively with the patient and with professional colleagues

1.1	The ability to take an accurate history from patients with a range of optometric conditions.
1.2	The ability to elicit significant symptoms.
1.3	The ability to elicit relevant family history.
1.4	The ability to elicit issues pertaining to the patient's general health, medication, work, sports, lifestyle and special needs.
1.5	The ability to impart to patients an explanation of their physiological or pathological eye condition.
1.6	An ability to understand a patient's fears, anxieties and concerns about their visual welfare, the eye examination and its outcome.
1.7	The ability to discuss with a patient the importance of systemic disease and its ocular impact, its treatment and the possible ocular side effects of medication.
1.8	An ability to understand the patient's expectations and aspirations and manage empathetically situations where these cannot be met.
1.9	The ability to communicate with patients who have poor, or non-verbal, communication skills, or those who are confused, reticent or who might mislead.
1.10	The ability to communicate bad news to patients in an empathetic and understandable way.

Core Subject 2: Professional Conduct

An understanding of professional conduct and the legal aspects of professional practice

2.1	The ability to manage patients in a safe, ethical and confidential fashion.
2.2	The ability to create and to keep clear, accurate and contemporaneous patient records.
2.3	The ability to interpret and respond appropriately to existing records.
2.4	The ability to make a judgement regarding referral and an understanding of referral pathways.
2.5	The ability to demonstrate an understanding of the legal, professional and ethical obligations of a registered optometrist.

Core Subject 3: Visual Function

An understanding of, and the ability to assess visual function

3.1	*The ability to refract a range of patients with common optometric problems by appropriate objective and subjective means.*
3.2	*The ability to make appropriate prescribing and management decisions based on the refractive and oculomotor status.*
3.3	*The ability to use appropriate ocular diagnostic drugs to aid refraction.*
3.4	The ability to assess children's visual function using appropriate techniques.
3.5	The ability to assess patients with impaired visual function.
3.6	The ability to advise visually impaired patients about their impairment, disability or handicap.
3.7	The ability to assess a patient's colour vision and to determine whether it achieves the standards required by various vocational groups.
3.8	An understanding of the special examination needs of patients with learning and other disabilities.
3.9	An understanding of the special examination needs of patients with severe visual field defects.

Core Subject 4: Optical Appliances

The ability to prescribe and to dispense appropriate optical appliances

4.1	The ability to advise on and to dispense the most suitable form of optical correction taking into account durability, comfort, cosmetic appearance and lifestyle.
4.2	The ability to measure and verify optical appliances, taking into account relevant standards.
4.3	The ability to advise on the use of, and to dispense simple low vision aids including: hand and stand magnifiers, typoscopes and hand held telescopes.
4.4	The ability to advise on the use of and to dispense complex spectacle lens forms, including: multifocals, high corrections, and their application to specific patient needs.
4.5	An understanding of prismatic effect, and the manipulation of lens form and setting to obtain the desired control of prismatic effects.
4.6	*An understanding of eye protection regulations, and relevant standards, and the ability to advise on occupational visual requirements.*
4.7	The ability to prescribe and dispense spectacles for vocational use.
4.8	An understanding of the application of complex low vision aids e.g. spectacle-mounted telescopes, CCTV.
4.9	The ability to manage non-tolerance cases.

Core Subject 5: Ocular Examination

The ability to perform an examination of the eye and related structures

5.1	The ability to use instruments in ocular examination and to understand the implications of the findings in terms of subsequent examination techniques.
5.2	The ability to assess the external eye and adnexa.
5.3	The ability to assess the tear film.
5.4	The ability to assess pupil reactions.
5.5	The ability to use a slit lamp.
5.6	The ability to use diagnostic drugs to aid ocular examination.
5.7	**The ability to examine fundi using direct and indirect techniques.**
5.8	The ability to use instruments to measure corneal curvature.
5.9 part	The ability to investigate visual fields **and to analyse and interpret the results.**
5.10	The ability to use a contact tonometer to measure intraocular pressure and analyse and interpret the results.
5.11	The ability to make an assessment of the fundus in the presence of media opacities.
5.12	The ability to use a slit lamp to detect anterior chamber signs of ocular inflammation.
5.13	The ability to assess visual fields of patients with reduced visual acuity.
5.14	Demonstrate an understanding of techniques for assessment of vision in infants.
5.15	An understanding of the assessment of visual function, including the use of specialist charts for distance and near vision, and the effects of lighting, contrast and glare.

Core Subject 6: Ocular Abnormalities

The ability to identify and manage ocular abnormalities

6.1	The ability to interpret and investigate the presenting symptoms of the patient.
6.2	*The ability to develop a management plan for the investigation of the patient*
6.3	*The ability to identify external pathology and offer appropriate advice to patients not needing referral,*
6.4	An understanding of risk factors for common ocular conditions.
6.5	*The ability to recognise common ocular abnormalities and to refer when appropriate.*
6.6	*The ability to manage a patient presenting with a red eye.*
6.7	*The ability to manage a patient presenting with reduced vision.*
6.8	The ability to identify abnormal colour vision and to appreciate its significance.
6.9	*The ability to manage a patient presenting with cataract.*
6.10	*The ability to evaluate glaucoma risk factors, to detect glaucoma and refer accordingly.*
6.11	*The ability to manage a patient presenting with macular degeneration.*
6.12	*The ability to recognise, evaluate and manage diabetic eye disease and refer accordingly.*
6.13	*The ability to evaluate and manage a patient presenting with symptoms suggestive of retinal detachment.*
6.14	An understanding of the treatment of a range of common ocular diseases.
6.15	The ability to recognise ocular manifestations of systemic disease.
6.16	An understanding of the role of optometrists in shared care schemes.
6.17	The ability to assess symptoms and signs of neurological significance.
6.18	**The ability to manage patients presenting with sight- threatening eye disease.**
6.19	An ability to recognise adverse ocular reactions to medication.

Core Subject 7: Contact Lenses

The ability to manage patients with contact lenses

7.1	The ability to insert and remove contact lenses and instruct patients in these procedures.
7.2	*The ability to fit soft contact lenses.*
7.3	The ability to manage the aftercare of patients wearing soft contact lenses
7.4	The ability to advise on contact lens materials and care regimes
7.5	The ability to manage the aftercare of patients wearing rigid gas permeable contact lens.
7.6	*The ability to fit rigid gas permeable contact lenses.*
7.7	An understanding of, and the ability to fit contact lenses to patients with astigmatism.
7.8	An understanding of the techniques used in fitting contact lenses and to advise patients requiring complex visual correction.

Core Subject 8: Binocular Vision

The ability to assess and manage patients with anomalies of binocular vision

8.1	*The ability to assess binocular status using objective and subjective tests.*
8.2	*An understanding of the management of a patient with an anomaly of binocular vision.*
8.3	The ability to investigate and manage adult patients presenting with heterophoria.
8.4	The ability to manage an adult patient with heterotropia
8.5	The ability to manage children at risk of developing an anomaly of binocular vision.
8.6	The ability to manage children presenting with an anomaly of binocular vision.
8.7	*The ability to manage a patient presenting with an incomitant deviation.*

GLOSSARY
Words and Phrases

Competency Title	One of the eight competencies areas identified by the GOC
Stem Statement	An over-arching statement which explains and expands the competency title.
Ability to..	Being able to .....and/or permitted to under current legislation
Understanding	To comprehend, to perceive the meaning of but not necessarily having the ability to do it.....
Communication	All forms of inter-personal communication 'written forms' 'asking' 'listening' 'explaining' 'discussing'.
Manage	Encompasses all aspects of patient management including advice, reassurance, treatment and referral as appropriate.
CCTV	Closed-circuit Television – a television system in which signals are transmitted from the television camera to the receivers by cables or telephone links