

Section 1 – Your College

As the professional body for optometry, the College wants to be with you every step of the way. We aim to continually improve standards in education and practice in optometry and to reinforce your status as a professional with patients, the public and fellow health professionals.

For every journey, you need a bit of help on the way. We can give you the support you need to help you succeed during your pre-registration period, as you journey from graduate to qualified optometrist.

All the information about the pre-registration process is available on our website, www.college-optometrists.org/pre-reg. If you have any queries feel free to call or email us (see College contacts).



Section 2 – Pre-registration associate membership

You are a pre-registration associate member of the College and this means you have access to a range of free benefits aimed at supporting you.

Guidance

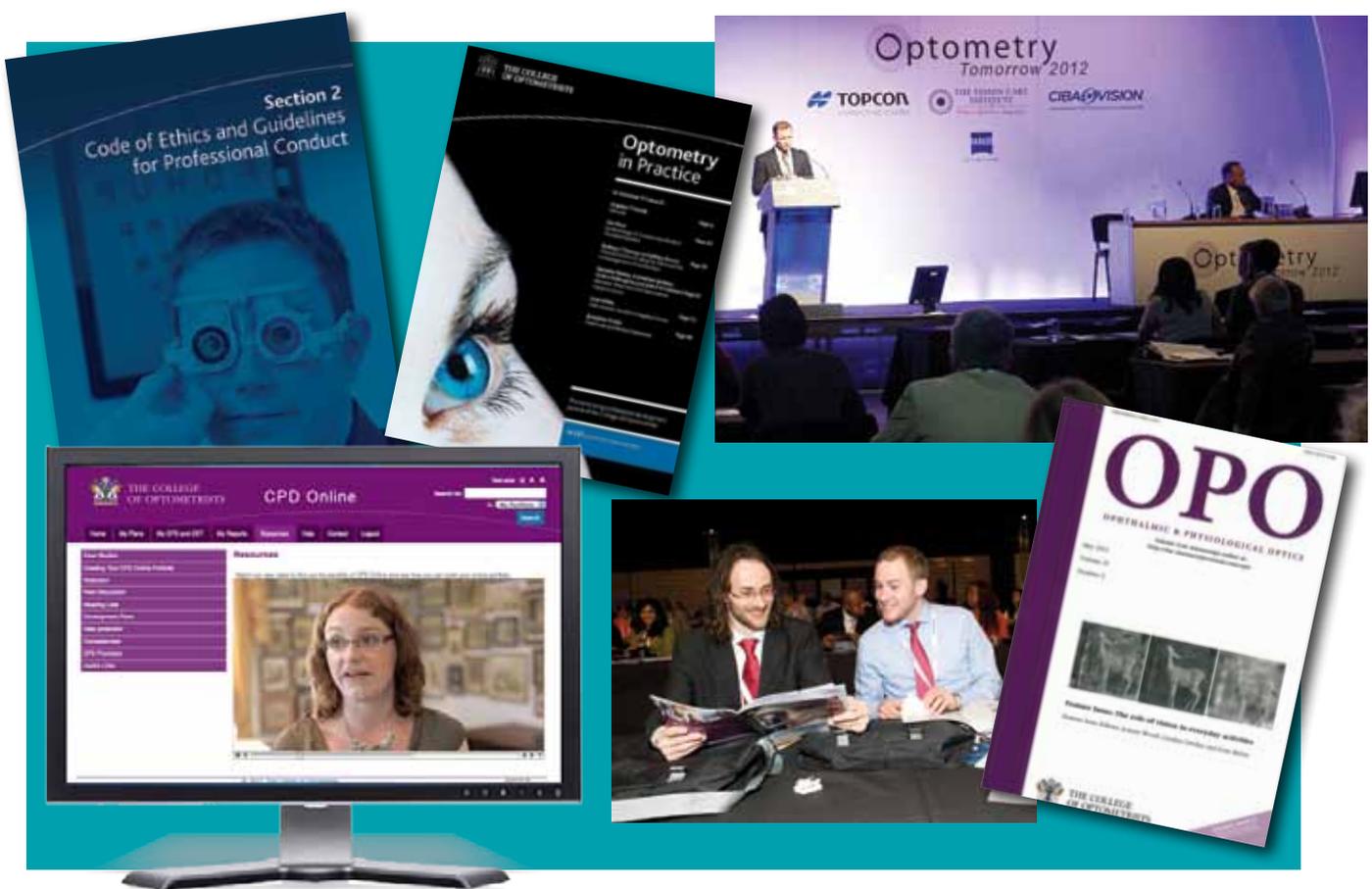
We provide the support you need as a newly qualified optometrist. Our *Members' Handbook*, which contains the *Code of Ethics and Guidelines for Professional Conduct*, offers practical advice for day-to-day practice. You will also have access to:

- clinical advisory documents
- support from our Clinical adviser by phone or email
- answers to frequently asked clinical questions
- Clinical Management Guidelines (evidence-based information about diagnosing and managing a range of eye conditions)
- ethical scenarios, which will challenge and improve your skills in tricky situations
- Optometrists Formulary: data sheets that provide prescribing information on all drugs currently available to optometrists.

Professional development and CET

Use College journals and events to keep in touch with the latest thinking and new ideas from the profession. A range of development opportunities will help you maintain, improve and broaden your knowledge and skills including:

- free regional CET events
- discounts to the College's annual conference, Optometry Tomorrow
- free access to leading journals *Optometry in Practice*, *Ophthalmic and Physiological Optics* plus many others
- the opportunity to take higher qualifications leading to specialist registration as an optometrist prescriber
- access to CPD Online – helping you to track and plan your personal development
- guidance on peer review discussion programmes, a GOC requirement.



Keeping you up to date

Our newsletters give you a round-up of College activities and the latest developments from the profession. Our website is a central hub for optometric information. Last year 6,000 members accessed our website. You will have access to:

- regular e-newsletters
- quarterly *In Focus* magazine
- bi-monthly topic updates on a range of subjects including binocular vision, eye diseases and primary care
- literature searches
- British Standards Online.

Additional support

We support you with practical advice and guidance for your patients. We also offer training and funding opportunities for those who wish to enter into optometric research.

Other benefits include:

- an expanding range of patient information leaflets which provide practical advice and guidance to patients and explain their condition
- funding and support for optometric research
- our member directory which helps the public to identify their local College member
- a PowerPoint presentation you can use if asked to speak about eye health and optometry at public events or meetings
- access to the College library, which has over 6,500 optometric books and journals
- access to the members' area, a space to relax or meet when in London.



Contact information

The College of Optometrists
42 Craven Street
London
WC2N 5NG

T: 020 7839 6000

F: 020 7839 6800

The Education Team

education.help@college-optometrists.org

About your work-based assessment arrangements:

Lee Rolls, Trainee Services co-ordinator

020 7766 4365

Sharon Bromley, Education administrator

020 7766 4371

About the technical aspects of the work-based assessments or your assessor:

Ruth Brough, Lead assessor

020 7766 4382

About your final assessment arrangements:

Ellen Clegg, Exams co-ordinator

020 7766 4367

Clare Pearson, Education administrator

020 7766 4361

If you have any concerns:

Jacqueline Martin, Director of Education

020 7766 4360

Section 3 – Responsibilities

You – the trainee

1. You are responsible for:
 - a. ensuring you are registered with the GOC as a student optometrist throughout your pre-registration period
 - b. notifying us of any changes in supervision during this period
 - c. meeting the standards set out in the GOC's Code of Conduct and the College Guidance
 - d. your own learning
 - e. taking advantage of training opportunities
 - f. asking for clarification or assistance when you are in doubt
 - g. preparing thoroughly for the work-based assessments
 - h. preparing thoroughly for the final assessment.

Your supervisor

2. Your supervisor is responsible for:
 - a. providing written conditions of employment
 - b. giving you sole access to a consulting room for testing sight for at least 20 hours a week
 - c. giving you access to the equipment you need
 - d. giving continuous personal supervision by being on the premises, or ensuring that another suitably qualified optometrist is on the premises, when you are testing sight and ensuring that no harm can come to the patient from your actions
 - e. giving you the opportunity to attend extended tutorials and revision courses
 - f. giving you the opportunity to gain appropriate experience in the core competency areas in the practice, or elsewhere for those elements not available in the practice
 - g. making arrangements for you to undertake at least the minimum required number of refractions and dispensings
 - h. ensuring you gain adequate clinical experience in the complete routine examination
 - i. making hospital experience available to you
 - j. observing your work and giving you constructive feedback on your performance
 - k. discussing cases with you and guiding you in prescribing
 - l. reviewing your progress using monthly meetings and review forms and checking your logbook
 - m. being available to see your assessor during assessment visits
 - n. ensuring adequate practical arrangements are in place for the assessment visits
 - o. ensuring suitable patients are available for your stage 1 work-based assessments
 - p. helping you put into practice action plans agreed with your assessor.

Your stage 1 assessor

3. Your stage 1 assessor is responsible for:
 - a. providing you with his or her contact details
 - b. ensuring that you are clear about the assessment process
 - c. booking all remaining stage 1 assessment visits at his or her first assessment visit and carrying out other administrative tasks to ensure the process runs smoothly and that all parties have the information they need
 - d. maintaining the integrity of the assessment system
 - e. assessing your competence in accordance with the criteria and College instructions
 - f. ensuring the evidence you provide is sufficient and valid

- g. providing feedback to you and your supervisor immediately after the assessment, including advice on strategies to achieve competency
- h. producing a report recording your assessment results and an action plan for those areas where you need further development, which will be copied to you and your supervisor.

Your stage 2 assessor

- 4. Your stage 2 assessor is responsible for:
 - a. maintaining the integrity of the assessment system
 - b. assessing your competence in accordance with the criteria and College instructions
 - c. ensuring the evidence you provide is sufficient and valid
 - d. producing and sending to the College a report recording your assessment results.

The lead assessor and senior assessors

- 5. The lead assessor and senior assessors are responsible for:
 - a. recruiting assessors
 - b. training and developing assessors and supervisors
 - c. providing advice to assessors
 - d. mediating if there is conflict between the assessor and trainee or supervisor, other than about employment issues
 - e. assuring the quality of the work-based assessment.

College staff

- 6. College staff are responsible for:
 - a. ensuring the scheme for registration is operated fairly and effectively
 - b. ensuring the scheme for registration guidance and regulations are implemented
 - c. enrolling you on the scheme for registration and supplying the information and guidance you need
 - d. keeping your records up to date
 - e. ensuring your supervisor signs an undertaking
 - f. arranging assessors for you
 - g. ensuring that your assessment results are recorded accurately
 - h. offering you advice if required
 - i. processing your application for the final assessment and ensuring you have all the information you require to sit the final assessment examination
 - j. informing you of your results
 - k. confirming your results to the GOC.

Key information from this section

- You are responsible for your own learning and for using your time wisely.
- Your supervisor is responsible for your work and for supporting you throughout your training.
- Your stage 1 assessor is responsible for conducting the assessment appropriately and providing you with an action plan after each assessment.
- The stage 2 assessor is responsible for conducting the assessment appropriately and providing the College with a report following your stage 2 assessment.
- The lead assessor and senior assessors are responsible for overseeing the assessment process in the workplace.
- College staff are responsible for ensuring the scheme for registration is operated fairly and effectively and in accordance with the regulations.

Section 4 – Professional conduct

GOC Code of Conduct

7. As a professional, your fitness to practice will be determined by your professional behaviour as well as by your clinical ability. You are expected to embed the GOC's Code of Conduct in all that you do and in particular in your relationships with patients and colleagues. The main principles are set out below:

8. As a registered optometrist, dispensing optician, or person undertaking training as an optometrist or dispensing optician, you must:
 - a. make the care of the patient your first and continuing concern
 - b. treat every patient politely and considerately
 - c. respect patients' dignity and privacy
 - d. listen to patients and respect their views
 - e. give patients information in a way they can understand and make them aware of the options available; on the issue of patient consent, be aware of and comply with the guidance published by the professional bodies
 - f. maintain adequate patients' records
 - g. respect the rights of patients to be fully involved in decisions about their care
 - h. keep professional knowledge and skills up to date
 - i. recognise, and act within, the limits of your professional competence
 - j. be honest and trustworthy
 - k. ensure that financial and commercial practices do not compromise patient safety
 - l. respect and protect confidential information
 - m. make sure that personal beliefs do not prejudice patient care
 - n. act quickly to protect patients from risk where there is good reason to believe that you, or a colleague, may not be fit to practice, fit to undertake training, or in the case of a business registrant fit to carry on business as an optometrist, dispensing optician or both¹
 - o. never abuse your professional position
 - p. work with colleagues in the ways that best serve patients' interests
 - q. register with and maintain registration with the GOC
 - r. be covered by adequate and appropriate insurance for practice in the United Kingdom throughout the period of your registration²
 - s. ensure your conduct, whether or not connected to your professional practice, does not damage public confidence in you or your profession.

9. It is your responsibility to ensure that you are familiar with this guidance – it must underpin everything that you do. You are accountable for your actions and should remember that your behaviour outside work can also affect your fitness to practice.

¹ See Code of Conduct at the front of this handbook for further details about this.

² Training establishments or practice supervisors must ensure that their insurance arrangements provide adequate and appropriate cover for everyone undertaking training or practical experience for whom they are responsible. It is the responsibility of the person undertaking training to ensure that such insurance has been provided by their training establishment or practice supervisor.

College's Code of Ethics and Guidelines for Professional Conduct

10. The College's Code of Ethics and Guidelines for Professional Conduct is a much more detailed guide which builds on the principles set out above. You should ensure that you are familiar with the contents of this document. It is not only essential for good practice but directly relevant to the assessments you undergo. Remember, this guidance is accurate only on the date it was published. The most up-to-date guidance is on our website: www.college-optometrists.org You can sign up for automatic updates on the home page of the website.

Equality and diversity

11. The College operates an equality and diversity policy, which is in the **Equality** section of this handbook.
12. This policy applies to all those involved with the College including committee and working group members, assessors, examiners, candidates, contract staff, and trainees. You must abide by the principles of equality and diversity. If you feel that these have been breached, you should write to the Director of Education at the College.

Data protection

13. When dealing with patient records you are subject to the requirements of the Data Protection Act. You must comply with it in all aspects of your work. In addition, you should remember to do the following in relation to the assessment process:
- a. At the start of every examination you should inform the patient that another practitioner might review his or her records for assessment and training purposes. Patients have a right to refuse consent for this.
 - b. You may obtain consent orally or in written form. If you obtain consent orally you must record this by writing 'Permission given orally on [date]' on the patient's record and sign the statement.
 - c. Your assessor will check that patient consent has been recorded on any patient record being reviewed as part of your quarterly assessment but it is your responsibility to ensure that this is done.
14. If you are gaining experience through the hospital eye service, you will be subject to NHS data protection arrangements.

Key information from this section

- Embed the GOC's principles of good practice in everything you do.
- Ensure you are familiar with the College's professional guidance and refer to it often.
- Embrace the values of equality and diversity.
- Work within the Data Protection Act, and remember it, especially in relation to your assessments.

Section 5 – Training

When you begin

Getting to know the practice

15. In your first few weeks you should ensure that you become familiar with the practice and get to know the members of staff as well as the records and accounts systems. Make sure you become part of the team by helping to make adjustments and small repairs and by making and checking orders.

Familiarising yourself with the assessment framework

16. Familiarise yourself with the assessment framework. This is divided into sections and the relevant parts are found in each **Visit** section of this handbook. Information on the assessment process, the usual assessment timeline, together with our policy on refractions and dispensings, can be found in the **Visit 1** section.
17. Look at the visit 1 paperwork in the **Visit 1** section which shows you:
 - a. how the first assessment visit will be structured
 - b. the evidence you will have to provide to the assessor.

Look at the evidence you will need to provide and the patients you will be required to see and think about how you will gain the necessary experience.

The **Visit 2** and **Visit 3** sections cover the same information for each of these subsequent visits.

Working with your supervisor

18. The relationship you build with your supervisor is central to your success. He or she is responsible for all the work that you do during your pre-registration training. You should have an early meeting to agree a supervisory plan setting out how that relationship will work. You will be expected to direct your own learning far more than at university – reflecting on your experience, drawing conclusions and applying what you have learnt to future activities, and your supervisor will help you learn how to do that by gradually moving the responsibility for your learning to you.
19. Your first meeting is a good opportunity to decide how often you will have meetings throughout your pre-registration period and agree the content of those meetings and how long they will last. It is the time to draw up learning objectives based on the assessment framework.

These regular meetings will offer an opportunity to reflect on your performance since the previous meeting, review your learning objectives and discuss any specific topics that you both agree would be beneficial. These meetings will include monthly reviews of your work with your supervisor when he or she will complete a monthly training review sheet to provide your stage 1 assessor with an overview of your professional development. The relevant monthly training review sheets are found in the **Visit** section of your handbook for which you are preparing. You will be asked to sign the completed monthly training review sheet to confirm that you were present. Your supervisor will check your logbook and patient records to ensure that you are seeing an increasing number of patients and managing increasingly complex cases. He or she will discuss your progress with you and give you a score for each element of competence. You

should use these reviews to raise any concerns or gaps in your experience and to plan ahead for the following month. You should use the reflective learning sheet in the **Reflection** section to prepare for the review. An example of a completed review sheet is found in the **Reflection** section.

20. Your supervisor will begin by observing you in practice and then reduce his or her input as you gain experience. You must always ask for help, however, if you have a patient outside the limits of your competence, but other than that you and your supervisor might decide that a 10-minute slot at the beginning or end of each day would be the most efficient way of discussing issues of interest that have arisen that day or the previous day.
21. You should not let your patient leave the practice until you have as a minimum given your supervisor the opportunity to check the record of the consultation.
22. Your supervisor will continue to observe you in practice from time to time to ensure that you are making good progress. It is worth spending time at your regular meetings deciding when your supervisor will observe you and what aspects of your work he or she will observe.
23. Your supervisor will provide you with opportunities to gain different types of experience. If you find that there are gaps in your experience, work proactively with your supervisor to decide where you could obtain the experience you are lacking.

Beginning work

24. The reception staff will have been given clear instructions about which patients you should see. To begin with you should see no more than four patients a day if you are responsible for the full eye examination and dispensing.
25. At first allow plenty of time for each sight test – one hour would not be too much. As you progress you will work faster and can undertake more sight tests in a day. Remember that your supervisor will have to check your work at the end of each appointment so build this into your schedule.
26. You should also ensure that you are given contact lens experience from the beginning of your training, because you will be assessed on aspects of fitting and aftercare in your first assessment.

Key information from this section

- Familiarise yourself with your new environment.
- Ensure you become part of the team.
- Familiarise yourself with the assessment framework and the experience you need to gain.
- Discuss with your supervisor how you will work together.
- Allow plenty of time for appointments.

Gaining experience

Supervisor checks on your sight tests

27. As time goes on, your sight testing will become increasingly accurate. Your supervisor will continue to undertake a retinoscopy and check for abnormal conditions until he or she is confident that you are able to spot these on your own. When the retinoscopy shows consistently reliable results, the supervisor may inspect your records and undertake only an ophthalmoscopy. You must record the results of your retinoscopy before you record the subjective results and the full details of any binocular tests. Later in your training the supervisor will use your records to assess the relationship of refractive change to acuity, the likelihood of a suggested change of power axis and its probable influence on visual comfort.
28. Towards the end of your pre-registration period, individual aspects of your work will not require routine checking but your supervisor must always be given the opportunity to intervene before the patient leaves the practice. Where you have any doubts, however, you must refer cases to your supervisor. He or she must always be on hand to discuss any cases with you. Remember: you must recognise the limits of your professional competence.

What experience do you need?

29. Once you have gained some experience you should gradually increase your workload from four to eight patients a day if you are responsible for the full eye examination and dispensing.
30. You **must** see the range of patient episodes listed in the assessment framework. You should decide with your supervisor how you will achieve this. It may mean planning sessions in other practices that specialise in particular types of work. Assessing and dispensing patients with low vision, assessing patients with binocular vision abnormalities, fitting and aftercare of patients wearing rigid gas permeable lenses and examining young children are all examples of areas for which you might need to seek experience outside your practice. Take an active part in finding out where you might gain this experience.
31. Remember the importance of good record keeping. From the beginning you should take care to write clear, accurate and legible records, reporting all relevant findings both positive and negative. Make your records at the time of the consultation or as soon as possible afterwards. **Never** alter records at a later date. When you complete records of consultations, you must note on the record the name of the supervisor who was responsible for your work at the time of the consultation.

Maintaining competence

32. Because you have a lot to learn and are being assessed on a three-monthly basis, it is understandable that you will want to concentrate on gaining experience in the areas that are to be assessed next. You must, however, keep up standards in those areas where you have already been assessed. Skills assessed early on should be continuously practised so that they improve over time. By way of example, assessors have commented that some trainees' record-keeping has deteriorated markedly over time or their thorough approach to examining the fundus has lapsed, which is not acceptable. Patients trust you with their sight and you must not abuse that position of privilege by allowing your skills to decline because the assessment of those skills has passed.

33. The assessment framework (covered in each of the assessment visits) has been designed to encourage you to build your skills and maintain your competence in all areas. The order in which the elements of competence are assessed reflects the usual trainee pattern of experience and your stage 2 work-based assessment will sample widely from the whole range of stage 1 elements.

Hospital experience

34. You must gain experience in the hospital eye service (HES). This will give you insight into the workings of the HES and ensure that you understand the various aspects of NHS eye care. It will give you the opportunity to learn about the day-to-day working of a hospital eye department and give you an understanding of your own important role in detecting and referring eye conditions, as well as the relative urgency and possible outcomes of these referrals. You will also see a wider variety of ocular pathology than would normally be possible in general practice and learn how this is diagnosed and classified. Your experience will give you the opportunity to learn about diagnostic and management methods used outside optometric practice, such as fluorescein angiography, surgical procedures, post-operative refraction and perioperative orthoptic assessment.
35. You will attend during normal working hours through day or block release for between one and three weeks during your pre-registration period. Your supervisor will make the application to the hospital on your behalf and at the end of the period of experience he or she will check that your attendance and participation has been satisfactory.

Refractions and dispensings and patient episodes

36. Before you complete the stage 2 assessment you must have completed a minimum of 350 refractions and 250 dispensings. If you are a dispensing optician, you are exempt from the requirement to undertake a minimum of 250 dispensings. Clarification of what constitutes a refraction or dispensing episode is detailed at the beginning of the **Visit 1** section of this handbook. It is also a requirement that you need to complete all the patient episodes listed in the assessment framework.

Conferences and meetings

37. You should try to attend conferences and meetings wherever possible to keep up to date.

If you are in supervised hospital practice

38. If your main experience is in hospital practice you will gain experience in several areas of specialist practice and have access to a wide range of pathology. If spectacles are not dispensed at your hospital, however, your supervisor must make arrangements for you to work in general practice for at least half a day a week so that you can complete the minimum number of dispensings and cover the relevant patient episodes for assessment.

Key information from this section

- Ensure your work is checked until you gain experience and always ask if you are unsure. As a minimum, supervisors must be given the opportunity to check the record of the consultation before the patient leaves the practice.
- Gradually increase the number of eye examinations and dispensings you undertake in a day.
- Gain as much experience as you can and ensure you see the range of patient episodes in the assessment framework.
- Always keep clear, accurate and legible records and note the name of the supervisor responsible for your work at the time of the consultation on the record.
- Maintain competence in the areas in which you have been assessed.
- Take advantage of your hospital experience.
- You must complete the minimum number of refractions and dispensings before you can apply for the final assessment.
- Look out for other ways to broaden your experience.

Your paperwork

Logbook

39. Your logbook can be found in the **Logbook** section towards the back of this handbook. It allows you to log the quantity and type of patients you see each day and to identify any areas where you require more experience. It includes a section for additional comments where you should note any unusual occurrences or points that you need to follow up and a column for you to put the name of the supervisor accountable for your work at the time of the consultation with the patient. There is a sheet to record weekly dispensings as well as monthly and quarterly summary sheets which you should also complete as they give an overview of the range of your experience to date. Your most up-to-date logbook summary should be provided to your assessor at each assessment visit. Examples of a completed log sheet and a weekly dispensing record can be found at the end of this **Logbook** section.
40. You should ensure your logbook is kept up-to-date and reviewed often so that you can discuss your progress regularly with your supervisor, deciding together how to gain experience where it is lacking. Remember to refer to the patient episodes in the assessment framework.
41. Your logbook should also paint an accurate picture for your assessor during assessment visits. The assessor will use the logbook to identify other patient records to supplement the evidence you have provided through the patient episodes you have already identified. In addition, he or she will use it to confirm your experience to date by spot-checking records from the logbook in the practice patient database.

There are also monthly and quarterly summary sheets, which you should complete and provide to your assessor along with your other pre-assessment paperwork. The appropriate summary can be found in each of the **Visit** sections of this handbook.

42. You should keep copies of referral letters you have written and any letters received about a patient. Make sure you include all clinical information about the patient in your referral letters.

Reflective learning sheets

43. Reflective learning sheets can be found in the **Reflection** section of this handbook. You should use them to reflect on your experiences of the past month and what you have learned from them. You should then plan ahead for the following month. This will provide a structured learning plan for you and help you to see the progress you are making. There is also an example of a completed reflective learning sheet, which shows you how to use these sheets effectively.

In case of difficulty

44. Occasionally you may find that you are not receiving the training and experience you need. If you discuss this with your supervisor and matters do not improve, you should talk to your stage 1 assessor to see if he or she can offer any support to your supervisor in obtaining further experience for you. The lead assessor, Ruth Brough, may also be able to help. Ruth can be contacted on 020 7766 4382.

Changing supervisor

45. If you find you need to change supervisor for any reason, your first supervisor must complete an 'End of supervision form' which can be found in the **Supervision** section of this handbook and your new supervisor must complete a 'New supervisor form', which can also be found in the **Supervision** section.

Key information from this section

- Ask your supervisor to help you gain different types of experience and to discuss your progress with you on a regular basis.
- Make the most of your monthly review meetings with your supervisor.
- Complete your logbook diligently and use it as a tool to ensure you are gaining the experience you need.
- If you are not receiving the training you need, discuss this with your supervisor and, if necessary, your stage 1 assessor.

Section 6 – Assessment overview

46. During the pre-registration period you will be assessed in the workplace on the GOC's eight units of competency. You will be allocated a stage 1 assessor who will ensure that you are clear about the assessment system and schedule your assessment visits. After the first visit, the assessments take place quarterly. Trainees normally require three or four assessment visits to achieve success in stage 1 of the work-based assessment process but, if necessary, you may have further assessments, for which there is a fee. The fee is set out in the schedule of fees in the 'Qualifying as an Optometrist' section of the College website: www.college-optometrists.org
47. When your stage 1 assessor has judged you to be competent in all 75 stage 1 elements of competence and confirmed that you have completed the GOC's refractions and dispensings requirement, you will enter stage 2 of the work-based assessment process.
48. Your stage 2 assessor will judge whether you have maintained your competence in all eight units of competency by assessing:
 - a. Your ability to carry out an eye examination on a presbyopic patient.
 - b. Your ability to fit soft contact lenses and provide aftercare to a soft lens wearer.
 - c. The 13 overarching stage 2 elements of competence.
49. Once assessed as competent by your stage 2 assessor you may enter the final assessment (OSCE). This is held under examination conditions. There are four opportunities a year to sit the final assessment examination – in June/July, September, January and March/April.

Units of competency

50. The various elements of GOC's eight units of competency have been placed into an assessment framework. This framework suggests a schedule for assessing the elements by allocating them to three stage 1 assessment visits. The relevant parts of the framework are found under each of the **Visit** sections i.e. the elements which would usually be assessed during visit 1 are found in the **Visit 1** section of this handbook. It also sets out:
 - the evidence you can use to demonstrate competence
 - where a type of evidence is compulsory e.g. which skills must be directly observed by the assessor as well as the performance criteria by which you will be judged.

For each set of elements of competence you must gain experience with patients with a number of different conditions. These are also set out in the framework and in this case "patient record" is a compulsory form of evidence.

Time allowed

51. You will be required to complete the scheme for registration within two years and three months of your enrolment date on the scheme or have up to four attempts at the final assessment, whichever occurs first.

If you are prevented from or are unable to sit the final assessment so that the time allowed for completion of the scheme for registration is exceeded, you may, at the

absolute discretion of the College, be permitted to sit the final assessment at the next sitting with available places.

52. In exceptional circumstances we may permit you to begin the scheme for registration one further time.

If you have a disability

53. If you have a disability, we will do all we can to make reasonable adjustments to the assessments. We will not make adjustments to the standard of the assessments but may be able to make adjustments to the arrangements if you have physical, mental or sensory impairments covered by the Disability and Equality Act 2010. For further information please refer to the Equality and Human Rights Commission website: www.equalityhumanrights.com
54. If you would like us to consider making reasonable adjustments, please let us know as soon as possible either by email education.help@college-optometrists.org or by writing to the Director of Education at The College of Optometrists, 42 Craven Street, London WC2N 5NG.
55. If you delay in telling us, we may not be able to make the reasonable adjustments in time for the date of your assessment. If you would find it easier, we can provide a form for you to complete. If you think you will have difficulty completing the form, please contact the College.
56. You can find details about the process for reasonable adjustments in the Scheme for Registration regulations in the **Regulations** section of this handbook.
57. In submitting a request for reasonable adjustments, you agree that we may store the personal information you provide in connection with your request, share it with the GOC where necessary, and use it to process your request and make reasonable adjustments to enable you to attempt the assessments and to compile statistics and undertake research.
58. Temporary circumstances that may affect your performance in the assessments, such as illness, pregnancy or bereavement, will not be taken into account. This is because work-based assessments can be rescheduled, and final assessments are held frequently so we would expect you to cancel and reschedule at a later date.

Trainee badges and photographic identification

59. At all times during your training you must wear a badge showing your name and the title "pre-registration trainee". The GOC have said it is good practice to have your GOC number on the badge as well but this is not essential provided the number is displayed elsewhere in the practice where it can be seen by members of the public. The most important point is that the patient is clear that they are being seen by a trainee who is under supervision. The GOC number should be made available if requested.

With effect from June 2012 you will also be required to provide photographic ID in the form of a driving licence, passport or student ID card to the stage 1 assessor at the first stage 1 visit and also to the stage 2 assessor at any stage 2 visits.

Key information from this section

- You will be assessed against the GOC eight units of competency in your place of work and then a sample of the knowledge and skills you need to practise will be assessed in the Final Assessment.
- The work-based assessment is split into two stages and the final assessment is under examination conditions.
- You must complete the scheme for registration within two years and three months of your enrolment date on the scheme.
- You may attempt the final assessment up to four times, whichever occurs first.
- If you have a disability we may be able to make reasonable adjustments to the work-based and final assessments.
- You must wear a badge to indicate that you are a trainee working under supervision and will also need to provide photographic identification to both your stage 1 and stage 2 assessors.

Section 7 – Work-based assessment

Overview

60. The work-based assessment is a two-stage process. Stage 1 involves the assessment by a designated assessor of 75 elements of competence over a minimum of three visits.
61. Stage 2 involves the assessment by a second assessor of overarching stage 2 elements of competence, which will sample your competence across the eight units of competency. The assessment will take place once your stage 1 assessor is satisfied that you have demonstrated competence in the stage 1 elements and have undertaken a minimum of 350 refractions and 250 dispensings. The stage 2 assessment will involve a full routine eye examination and the fitting and aftercare of soft contact lenses on simulated patients provided by the College as well as discussion of patient records that you will provide and possibly of case scenarios that the assessor will provide.
62. Once you have satisfied the stage 2 assessor that you are competent you will have completed the work-based assessment and will be able to enter the final assessment.
63. You must undertake a minimum of 350 refractions and 250 dispensings to be signed off from the work-based assessment and you are expected to continue to build your experience in these areas after that point. It is also a requirement that you need to complete all the patient episodes listed in the assessment framework.

Stage 1

64. About a month after you have enrolled, your stage 1 assessor will visit you at your practice. This visit will last up to two hours. A generic assessment plan for this visit can be found in the **Visit 1** section of this handbook. The assessor will then assess the ten stage 1 elements of competence, checking how you have completed your logbook and answering any questions. This will allow your stage 1 assessor to ensure that you and your supervisor are both clear about:
 - a. what is involved in the work-based assessment process
 - b. what kind of evidence you will need to provide to demonstrate competence
 - c. how the logbook should be completed and its role in the provision of evidence
 - d. dates and arrangements for the following quarterly assessment visits
 - e. how to contact your stage 1 assessor between visits.
65. Your stage 1 assessor will also explain his or her role in relation to that of your supervisor and explain what will happen at the quarterly assessment visits and how you should prepare for them. He or she will want to know that you are familiar with the content of this handbook, including the assessment framework (covered in **Visit sections 1 to 3** of this handbook).
66. Your stage 1 assessor will ensure that you understand that you are responsible for providing the evidence for assessments and that the records you provide are entirely your own work. He or she will also check that both you and your supervisor understand the requirement for undertaking a minimum of 350 refractions and 250 dispensings before you undertake stage 2 of the work-based assessment. If you are a qualified dispensing optician you will not be required to undertake the minimum number of dispensings.

67. Your stage 1 assessor will check that you have discussed with your supervisor a plan for gaining experience and monitoring progress, and that you have discussed how to use the logbook.
68. Finally, your stage 1 assessor will check that your supervisor has made arrangements for you to gain experience in the Hospital Eye Service.
69. You will then have at least two quarterly assessment visits. The visits will normally follow the pattern set out in the timeline and assessment framework in the **Visit 2** and **Visit 3** sections, but there may be some circumstances in which you may vary this pattern. It is quite common not to succeed in all the competencies scheduled for each visit, particularly early on, and you should discuss any concerns you have about this with your assessor. Your assessor will send you and your supervisor a report on each assessment visit, including the action plan you have agreed to help you improve in weaker areas. You should discuss how to implement the action plan with your supervisor.

Gathering evidence

70. Your evidence must be:
 - Sufficient** – You must provide enough evidence to demonstrate competence against the indicators relating to the element being assessed.
 - Current** – Any evidence must be current, and never more than two years old.
 - Valid** – Your evidence must clearly relate to the indicators for the element being assessed. You may find that you can use one piece of evidence for more than one element.
 - Authentic** – If during your Hospital Eye Service placement or any other placement completed outside your usual place or work, the supervisor or ophthalmologist observes you undertaking a procedure and you wish to include this in your assessment evidence, then you must ensure that they complete a witness testimony in the required format for the evidence to be deemed valid. A template for this can be found in the **Witness** section of this handbook.
71. There are several ways for you to provide evidence. Where you are required to demonstrate an ability to undertake a skill or procedure, you will be required to demonstrate this through working with patients.
72. Your assessor must observe you undertaking the following skills:
 - a. history taking
 - b. interpreting and Investigating presenting symptoms
 - c. refraction
 - d. assessing binocular status
 - e. assessing the external eye and adnexa
 - f. slit lamp examination
 - g. direct ophthalmoscopy
 - h. indirect ophthalmoscopy
 - i. spectacle verification
 - j. keratometry
 - k. soft lens fitting and aftercare
 - l. RGP fitting and aftercare
 - m. contact tonometry

73. Direct observation in these skills is compulsory but your stage 1 assessor will want to observe you undertaking other tasks as well.
74. As well as the evidence gained through direct observation, much of your evidence will come from your logbook. You must use your logbook systematically and keep copies of referral letters you have written and any letters received about a patient. The assessor will discuss cases from your logbook with you.
75. Some compulsory evidence will also come from patient records. You should ensure that your supervisor has reviewed any such evidence that you provide. You must provide the original patient records. If the assessment is being carried out at an alternative practice to the practice where the original records are kept, it is permissible to present the stage 1 assessor with copies. Copy records will be accepted by the stage 1 assessor as evidence only when each copy is individually signed by the supervising optometrist to indicate that it is an exact copy of the original record. If you work in the Hospital Eye Service (HES), an original record would be the record that you keep in your HES logbook/notebook which is signed by your supervisor at the time of the consultation.
76. The best way for you to demonstrate competence, however, is for your stage 1 assessor to observe you with a patient. You will need to arrange appointments, including sight tests, contact lens fitting and aftercare, to coincide with your assessment visits.
77. Where you are required to demonstrate an understanding of a skill rather than actually demonstrating the skill, your stage 1 assessor may discuss cases with you. Where possible these will be cases that you have seen. Otherwise, your stage 1 assessor will use hypothetical scenarios.
78. Your assessor will require at least two, and preferably three, pieces of evidence before he or she will be satisfied of your competence in any area.
79. Remember data protection. When dealing with patient records you are subject to the requirements of the Data Protection Act. You must comply with it in all aspects of your work. In addition you should remember to do the following in relation to the assessment process:
 - a. At the start of every examination (and dispensing if you have not already examined the patient and asked their consent) you should inform the patient that another practitioner might review his or her records for assessment and training purposes. Patients have a right to refuse consent for this.
 - b. You may obtain consent orally or in written form. If you obtain consent orally you must record this by writing 'Permission given orally on [date].' on the patient's record and sign the statement.
 - c. Your assessors will check that patient consent has been indicated on any patient record being reviewed as part of the assessment process but it is your responsibility to ensure that this is done. Without patient consent, the patient record cannot be used in the assessment process.
80. If you are gaining experience through the Hospital Eye Service, you will be subject to NHS data protection arrangements.

Key information from this section

- Your stage 1 assessor will visit you about four weeks after you have enrolled for your first assessment visit.
- You must ensure that you gather sufficient, current, valid and authentic evidence for your assessment.
- You must demonstrate **an ability to** undertake a skill or a procedure through working with patients.
- You may be able to demonstrate **an understanding of** a skill through case-based discussion with your assessor.
- Your assessor will require at least two, and preferably three, pieces of evidence.
- Remember to gain consent from your patients for another practitioner to review their records.

How to prepare

Planning

81. Well before your assessment you should remind yourself of the elements of competence which will be assessed during your next assessment visit. Ensure you know exactly what you can do and what you need to know to demonstrate competence in each area, and think about the evidence you can provide for your stage 1 assessor for each element. Remember that your stage 1 assessor will want to see two, and preferably, three pieces of evidence for each element being assessed.
82. Your stage 1 assessor will agree with you in advance of the visit (usually at the previous visit) a plan for your assessment. Generic plans for each visit are set out in the **Visit** section of this handbook. If you want to change any elements of the generic assessment plan then discuss this with your assessor. The plans can be changed where appropriate as they need to reflect your experience to date. The assessment plan will include the types of patients he or she wants you to book in for the observations and any techniques you have to demonstrate – for example, during assessment visit 2, the stage 1 assessor would normally expect to observe you carrying out a routine eye examination on a real presbyopic patient and a real soft contact lens aftercare appointment, and demonstrating indirect ophthalmoscopy using a Volk lens. The plan will also include timings for the observations during the assessment visit and time for feedback and action planning with your supervisor. In addition to the observations your stage 1 assessor will discuss with you the patient records you have provided as evidence and may ask you questions about photographs of abnormal eye conditions or visual field plot results which he or she will provide.
83. For all assessments, check in good time that you have followed the action plan your stage 1 assessor set out for you at your previous assessment visit.

Practise, practise...

84. Practise the procedures as much as possible to ensure that you can perform them competently and confidently on the day of the assessment. Practise taking histories and communicating with patients; remind yourself of the principles in your Code of Conduct set out earlier in this handbook and ensure that you are familiar with any relevant College guidance.

Booking appointments

85. Where possible your stage 1 assessor will want to see you with real patients so make appointments with appropriate patients in good time. Remember to ensure your supervisor is available to discuss your progress at the end of the visit.

Preparing the paperwork for assessment visits

86. Your stage 1 assessor will ask you to complete and send to him or her various pieces of completed paperwork before each assessment visit in order to check your progress. These are found in the relevant **Visit** section of this handbook.

Consider the patient records you want to include in the assessment. It is useful to consider the elements of competence for which you wish to use the records as evidence and to highlight this to the stage 1 assessor by listing the elements in the relevant box on the patient episode sheets. Refer to the assessment framework and, in particular, the indicators, to ensure that the patient record meets the criteria required. One record could provide evidence for a number of elements e.g. a patient record of a low vision patient whom you have examined, advised and dispensed could provide suitable part evidence for all of the following elements:

- a. 1.2.4 Explains to the patient the implications of their pathological or physiological eye condition
- b. 1.1.3 Identifies and responds appropriately to patients' fears, anxieties and concerns about their visual welfare.
- c. 3.1.5 (part) Investigates the visual fields of patients with all standards of acuity and analyses and interprets the results
- d. 4.2.1 Advises on the use of, and dispenses simple low vision aids including simple hand and stand magnifiers, typoscopes and handheld telescopes
- e. 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.

Ensure that you have the original patient records you have logged ready and in a logical order before the assessment so that you do not waste any time during the assessment searching for records.

87. Under no circumstances should you attempt to change the records. Such action would be regarded as cheating. It would be taken very seriously and may be reported to the GOC.

Sending information to your stage 1 assessor

88. Ensure you send the following information to your stage 1 assessor before each quarterly assessment visit and within the timescales agreed. If you do not send this information to your stage 1 assessor by the specified deadline, your assessor may cancel the visit as he or she will be unable to prepare adequately for the assessment. Cancelled visits have to be re-scheduled at the assessors' convenience, which may result in delays for you completing your assessment.

- a. Quarterly training summary – this is summary of your logbook for the previous month (for visit 1) or the previous quarter for visits 2 and 3 which details how many eye examinations, dispensings and contact lens related episodes you have completed during this period
- b. most recent monthly assessment by supervisor.
- c. relevant patient episode sheet – this is a list of the patient records you wish to use as part of the assessment
- d. any witness testimonies.

Cancellation

89. If your stage 1 assessor has to cancel a visit at short notice (within one week of the agreed assessment date) because you are not prepared, you will have to pay for the visit. You will not have to pay if you (or your supervisor) are ill, but you or your supervisor would be required to provide a valid medical certificate. See the scheme for registration regulations in the **Regulations** section of this handbook for further information.

90. Reminder

You must make the most of the assessment visits. This means ensuring you are prepared, ensuring your stage 1 assessor has the necessary paperwork in sufficient time and ensuring you do not waste time during the visit because you do not have the necessary patients or records available. Remember that the assessment visit is your chance to demonstrate the knowledge and skills you have been developing over the previous few months and it is in your interest to use the time as wisely as possible.

Key information from this section

- prior to the assessment visit, ensure you know what you need to do to demonstrate competence in the areas in which you will be assessed
- practise the procedures and other skills as often as possible
- ensure you have booked in appropriate patients for the assessment and have the necessary paperwork and records to hand
- ensure you have completed the patient episode sheet before the assessment
- send your quarterly training summary, most recent monthly assessment, relevant patient episode sheet, and any witness testimonies to your assessor well before the visit
- ensure your supervisor will be free to discuss your performance with both you and your stage 1 assessor
- the assessment visit is your chance to demonstrate the knowledge and skills you have been developing over the previous few months.

During the assessment

91. At the start of the assessment visit, your stage 1 assessor will ensure that everything has been arranged in line with the assessment plan. If there have been any unforeseen changes, ensure you tell your assessor when he or she arrives at the practice so a revised assessment process can be drawn up to accommodate this. Whether working to the original or revised plan the assessor will then review your evidence to decide where you do and do not demonstrate competence.
92. At the end of your assessment, your stage 1 assessor will review your performance with both you and your supervisor, identify which elements have been achieved, and agree an action plan for completing outstanding elements. If a number of elements have not been assessed, the stage 1 assessor will indicate why this is the case – for example, your stage 1 assessor may have been unable to find sufficient evidence from the records you presented.
93. Alternatively, if you have not completed the relevant patient episodes the stage 1 assessor may decide to defer assessing certain elements of competence to a later date when you have more experience.
94. The assessment visit, including feedback and action planning with your supervisor, should take no longer than four hours.
95. You and your supervisor must both sign the confirmation of visit form on the day of the visit. This is the official confirmation that the visit has taken place. Your supervisor will sign to say the visit has taken place and he or she agrees that you were both given feedback and were involved in agreeing the action plan. If when you receive the assessment report, you and your supervisor do not believe that the action plan is the same as that agreed on the day, your supervisor will contact the stage 1 assessor to discuss it (see paragraph 135 below).

Cheating and misconduct

96. You must not falsify the evidence you provide for your stage 1 assessor by altering any paperwork, entering another person's work into your logbook or using the work of others in any other way. Nor must you permit others to copy or use your work, or behave in any way unprofessionally. If you do any of these things, you will be reported to the College. If you are found to have given or received help, your name may be reported to the Registrar of the GOC. Please refer to the scheme for registration regulations in the **Regulations** section for further information.

Key information from this section

- Your stage 1 assessor will begin by ensuring that everything is ready for the assessment
- when the assessment is finished your stage 1 assessor will review your performance with both you and your supervisor and agree an action plan
- remember that cheating and misconduct will be taken very seriously.

After the assessment

97. Your stage 1 assessor will send you a copy of your assessment report by email within a week of your assessment. It will show you which elements of competence you have achieved, which you did not achieve and those that were not assessed. The report will include an action plan for each part of the assessment that you did not manage to achieve, evidence you will need to provide at the next assessment, and an overall summary setting out your progress to date in terms of refractions, dispensings and the elements of competence which were assessed during the assessment visit. This will reflect the discussion you and your supervisor had with your assessor at the end of the visit and should not contain any surprises.
98. Discuss your report with your supervisor and decide how to implement the action plan. Remember that your supervisor is there to support and advise you.
99. If your supervisor does not agree with the action plan, he or she will contact your stage 1 assessor to discuss his or her concerns. If the unusual situation occurs where your supervisor and assessor are unable to agree with the feedback or action plan, your supervisor should contact the College. This will be followed up by the lead assessor, who will investigate and aim to respond within 10 working days.

Maintaining competence

100. You should have achieved some or most of the elements of competence that were assessed during your assessment visit. You should allow these successes to boost your confidence but you should not rest on your laurels and put these skills to one side. It is essential that you maintain and improve these skills as you continue through the pre-registration period. If your stage 1 assessor notices that any skill has deteriorated after it has been assessed, he or she will draw this to your attention and expect to see an improvement.
101. To be signed off from stage 1 of the work-based assessment process you will need to have:
 - a. Achieved all 75 stage 1 elements of competence and:
 - b. Completed:
 - i. The GOC requirement of 350 refractions and 250 dispensings.
(This will be verified by the stage 1 assessor by checking the quarterly totals in your logbook.)
 - or
 - ii. A sufficient number of each to allow you to fulfil the GOC's requirement before the stage 2 visit, which will take place approximately six weeks after your last stage 1 visit. Your stage 1 assessor will make this decision by checking the quarterly totals in your logbook.
102. The stage 1 assessor will use the decision pathway in the **Stage 2** section of this handbook to decide at the third stage 1 assessment, or at a later assessment if appropriate, when you are likely to be able to proceed to stage 2.

In case of difficulty

103. Occasionally a trainee's relationships with their stage 1 assessor can break down. If this happens, you should discuss it with your supervisor in the first instance, as he or she may be able to resolve the situation. If the situation cannot be resolved, you may change stage 1 assessor once by asking your supervisor to contact the education team at the College.

Key information from this section

- You and your supervisor will receive a copy of your assessment report within one week of your stage 1 assessment visits
- discuss how to implement the action plan with your supervisor
- remember that you must maintain competence in the areas in which you have previously been assessed
- if you feel that your assessor has treated you unfairly you should discuss this with your supervisor in the first instance.

Stage 2 assessment

104. The College manages the booking of all stage 2 assessment visits centrally.
105. All full stage 2 assessment visits will take a minimum of 3.5 hours and a maximum of four hours in the practice. Re-sits may be shorter and no visit will take more than four hours.

Morning assessments will usually begin at 9:15am or 10:30am and afternoon assessments will begin at 1:30pm (For full stage 2 assessments).

106. Following the third stage 1 visit, the assessor will confirm with the College whether or not, in their judgement, you are likely to complete the stage 1 requirements following the next stage 1 visit. If this is the case, then **at this point**, the College will confirm the stage 2 assessor and patient bookings for around six weeks after the next stage 1 assessment visit. The stage 2 assessor will also be sent all the details about the stage 2 assessment.

Alternatively, the stage 1 assessor may decide to wait until a later visit to confirm this, if in their view, you may need more time to complete the stage 1 requirements. In either case, the stage 1 assessor will tell you at the end of the last stage 1 assessment visit that you have achieved the first 75 elements of competence.

107. Following the visit he or she will enter all the remaining stage 1 information online as soon as possible and **in all cases within one week of the visit**. Once this information has been added to the online reporting tool, the College will, if this has not already been done, confirm the assessor and patient and send the stage 2 assessor all the details about the assessment.
108. At the same time, the College will email both you and your supervisor with the date and time of your stage 2 assessment. You may not change the date of the assessment.

109. Your stage 2 assessment will be approximately six weeks after your last stage 1 work-based assessment. If you are re-sitting we will try to arrange the re-sit two weeks after your previous attempt, although this may not always be possible and it could take place up to six weeks later. If you wish to delay this re-sit assessment, because you feel that you need more time to prepare, then, you should contact the College **as a matter of urgency** once you have read your online report.
110. Your assessment will always take place in your main practice, although for those of you based in a hospital, it may be elsewhere. We will let you know in good time if this is the case. It is, therefore, critical that you let the College know before any stage 2 visits are booked if you want to undertake your stage 2 assessment in a practice other than your main practice.
111. We expect your supervisor or another registered optometrist who is responsible for you on the day of the assessment to be on the premises.
112. The stage 2 work-based assessment is different from the stage 1 work-based assessment and your stage 2 assessor will not contact you, your supervisor or the practice before the assessment.
113. You can see the shape of the stage 2 work-based assessment by looking at the generic visit plan in the **Stage 2** section of this handbook.
114. Stage 2 assessments will only take place during College working hours (Monday to Friday except Bank Holidays). This is to ensure that we can help you if unforeseen circumstances, such as illness, occur.

Preparing for the stage 2 assessment

115. You must prepare thoroughly for the stage 2 assessment, which consists of three parts:
 - a. a routine eye examination on a presbyopic patient provided by the College
 - b. a soft contact lens fitting and aftercare on a patient provided by the College
 - c. the assessment of the stage 2 overarching elements of competence.
116. In making his or her judgements, your assessor will use only records which you have listed on your stage 2 patient episode sheets as patient record evidence. These sheets are in the **Stage 2** section of this handbook. You and your supervisor must, therefore, check the records to ensure that they are the most recent complete examples that you have examined and/or dispensed of the required patient episodes. Remember to ensure that these records are complete: if they are not, you risk failing stage 2.
117. You must also provide your completed logbook for the assessor so that he or she can confirm that you have completed the 350 refraction and 250 dispensing episodes required by the GOC. The assessor will ask you to provide three random records (one from each quarter) to check that you saw the patient personally. No other part of the record will be checked as part of this sampling exercise.

118. The assessor will bring all the assessment paperwork you will need to complete during the assessment:
- a. Routine eye examination record sheet
 - b. Contact lens fitting record sheet
 - c. Contact lens aftercare record sheet

You will find details about the individual parts of the stage 2 assessment together with these record sheets in the **Stage 2** section of this handbook.

119. The length of the stage 2 visit will be 3.5 to 4 hours for a full assessment. For a stage 2 visit beginning at 9.15am the usual format for this visit will be as follows:

| | |
|-------------|--|
| 9.15am | On arrival the assessor will check the routine eye examination patient. This should take no more than 15 minutes. |
| 9.30am | The assessor will check your photographic identification. Assessment of routine eye examination of a presbyopic patient (45 minutes allowed for this assessment). You can use any appropriate method of ophthalmoscopy (either direct or indirect) and trial frame or refractor head – but you will always be expected to use retinoscopy. The use of auto-refractor results or pre-prepared notes will not be permitted. |
| 10.15am | You take a 15-minute break while the assessor takes the keratometry measurements and checks the patient provided for the contact lens assessment. |
| 10.30am | The assessment of soft contact lens fitting and aftercare (40 minutes allowed for this assessment). You will need to provide a suitable range of suitable range of soft lenses for this part of the assessment. |
| 11.10am | Short break |
| 11.15am | Assessment of overarching stage 2 elements of competence using the direct observation evidence already obtained and through reviewing a sample of the records listed on the Stage 2 visit patient episode list – using case-based discussion around the sampled records. For this part of the assessment the assessor will also always use field plots and images. The assessor will always need to see at least two different forms of competent evidence to sign off an overarching element of competence. |
| | and |
| | Verification of refractions and dispensing totals. You will need to provide your completed logbook for this. |
| 1 to 1.15pm | Assessment ends. |

Feedback

120. Stage 2 of the work-based assessment is different from stage 1 and you will not receive feedback on the day. Please do not ask your assessor for feedback.

Results

121. To progress to the final assessment (OSCE), you will need to pass all parts of the stage 2 assessment. We will email your results to you and your supervisor within one week of the visit.
122. If you have been successful, you should complete and return the application form for the final assessment (OSCE) which will be attached to the results email.
123. If you do not pass all parts of the stage 2 assessment, you will be told why you failed and which sections that you have to re-sit. The assessor comments will be included in the report you receive by email, but you may also request your mark sheets which we will send to you on payment of a fee, once we have received them from the stage 2 assessor. You should allow at least two weeks to receive the mark sheets. Fees can be found in the schedule of fees, available on the College website www.college-optometrists.org
124. We will email your re-sit date to you a few days later. We try to arrange the re-sit at two weeks after your previous attempt, although this may not always be possible. It will, however, take place within six weeks of your previous attempt, unless you have requested a delay.
125. The following rules will apply:

If you fail soft contact lens fitting and aftercare you will re-sit soft contact lens fitting and aftercare (we will provide the contact lens patient) and the related overarching stage 2 elements of competence will also not be signed off (1.1, 1.2, 2.1, 2.2, 3.1, 5.1, 5.2 and 5.3).

If you fail routine eye examination you will re-sit routine eye examination (we will provide the routine eye examination patient) and the related overarching stage 2 elements of competence (1.1, 1.2, 2.1, 2.2, 3.1, 7.1 and 8.1).

If you fail the whole of stage 2 you will re-sit soft contact lens fitting and aftercare, routine eye examination and all overarching stage 2 elements of competence (we will provide both the contact lens and routine eye examination patients).

If you fail any overarching stage 2 element of competence you will re-sit all overarching stage 2 elements of competence (no patients required). As all the direct observation would have been deemed competent by the stage 2 assessor, the re-sit will involve only assessment of secondary evidence:

- i. Case-based discussion about a sample of records from the stage 2 patient episode list.
- ii. Field plots and images provided by the assessor.

Key information from this section

- You will have a second assessor at stage 2.
- You will be required to undertake a routine eye examination and a soft contact lens fitting and aftercare on a simulated patient provided by the College, as well as have case-based discussions related to the overarching stage 2 elements of competence.
- Remember that you must maintain competence in all eight units of competency.
- Your assessor will not give you feedback or an action plan. Your results will be sent by the College.

Section 8 – The Final Assessment

Overview

126. The final assessment takes the form of an objective structured clinical examination (OSCE) as described below.

How to apply

127. When your stage 2 assessor has informed us that you are ready to sit the final assessment you should submit an application form. You will be sent the application form with the email telling you that you have completed stage 2 of the work-based assessment successfully. The application form is also available on our website: www.college-optometrists.org. The closing date for receipt of applications is normally five weeks before the start of the final assessment. You will not be permitted to sit the final assessment if you have not paid your fees or if your fees have not been paid on your behalf.
128. You should enclose with your application two photographs, which should be signed on the reverse by your supervisor to confirm they are a correct likeness of you.
129. Within two weeks after the closing date you will be sent your timetable and instructions, together with an identity card which you will be required to display at the final assessment examination.
130. At the same time it would also be wise to apply to be included in the ophthalmic performers' list. This will save you time once you have qualified as you must apply for an enhanced report from the Criminal Records Bureau and this can take from eight to 12 weeks. You must make an appointment with your local Primary Care Trust (PCT) and take in your passport and two other forms of identity that include your address, fill in an application form for a CRB check (which you can obtain from the PCT) and supply a curriculum vitae. You can provisionally apply to the PCT up to three months before you anticipate being entered on the GOC Register (NHS Performers' Lists Amendment Regulations 2008 – Para 10.2).

If you have a disability

131. If you have a disability, we may be able to make reasonable adjustments to the examination. We will not make adjustments to the standard of the examination but may be able to make adjustments to the arrangements if you have physical, mental or sensory impairments covered by the Disability and Equality Act 2010. For further information please refer to the Equality and Human Rights Commission website: www.equalityhumanrights.com
132. If you would like us to consider making reasonable adjustments, please let us know as soon as possible either by email education.help@college-optometrists.org or by writing to the Director of Education at The College of Optometrists, 42 Craven Street, London WC2N 5NG.
133. If you delay in telling us, we may not be able to make the reasonable adjustments in time for the date of your examination. If you would find it easier we can provide a form for you to complete. If you think you will have difficulty completing the form, please contact the College.

134. You can find details about the process for reasonable adjustments in the scheme for registration regulations in the **Regulations** section of this handbook.
135. In submitting a request for reasonable adjustments you agree that we may store the personal information you provide in connection with your request, share it with the GOC where necessary, and use it to process your request and make reasonable adjustments to enable you to attempt the assessments and to compile statistics and undertake research.
136. Temporary circumstances that may affect your performance in the assessments, such as illness, pregnancy or bereavement, will not be taken into account. This is because final assessments are held frequently so we would expect you to cancel and reschedule a place at a later date.
137. If you have mentioned that you would need reasonable adjustments when you began your work-based assessment, or when you have taken the final assessment previously, please inform us again of any reasonable adjustments required, so that we can ensure we have made appropriate arrangements.

Cancelling your place

138. If you wish to cancel your place, please contact the education team on education.help@college-optometrists.org or telephone 020 7766 4367. We will endeavour to transfer your entry to the next sitting of the final assessment.

Fees

139. Your first attempt at the final assessment is included in your enrolment fee. Fees for subsequent re-sit attempts are set out in the Schedule of Fees which can be found in the education and training section of the College website: www.college-optometrists.org

Key information from this section

- You must apply for the final assessment by completing an application form which can be obtained from the website.
- Think about applying as early as possible to be on the Ophthalmic Performers' List.
- If you have a disability we will do our best to make reasonable adjustments to the final assessment.
- Check the College website for Schedule of Fees and any updates.

What is involved

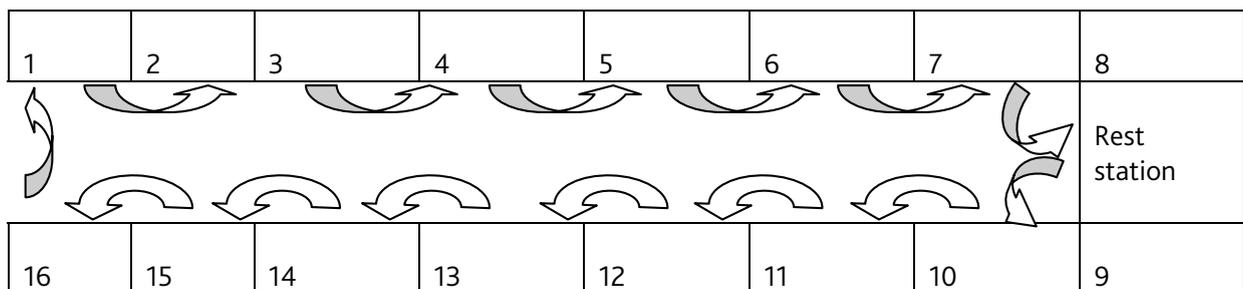
Purpose

140. The purpose of the final assessment is to check a sample of the knowledge and skills you will need to be registered to practice independently.

Format

141. The OSCE will consist of 14 clinical tasks known as 'stations'. Each task will last five minutes and you will do them one after the other. There will also be one rest station. Sometimes there will be one or two pilot stations in addition and, if this is the case, you will not know which are the pilot stations.

142. You will have one minute to read the instructions setting out your task before entering the booth. There will be an examiner and an actor playing a patient, or an anatomical model, in each booth. The examiner's role is to observe and he or she will not intervene except in very limited circumstances. Some stations take the form of a structured oral. When the five minutes are up, you will move to the next station until you have completed the circuit of stations. The diagram below shows a possible layout. There will be members of staff there to ensure you do not lose your way.



OSCE Circuit (14 stations, one rest station and up to two pilot stations)

Content

143. The OSCE is designed to assess a range of skills, drawn from the GOC's (stage 2) units of competency. In the examination you will be tested several times on the following skills:

- a. history taking, including diagnosis
 - b. communication
 - c. data interpretation
 - d. clinical examination and practical skills.
144. Patient conditions will be drawn from the patient episodes and have been categorised by presentation:
- a. neurological/developmental
 - b. neurological/acquired
 - c. refractive
 - d. pathological anterior segment
 - e. pathological posterior segment.

145. Details of the types of scenarios you might come across are below. We know that these tasks may take longer than five minutes in real life but the stations have been designed so that you can demonstrate your competence in the clinical scenario in five minutes. The list below includes examples to guide you on the types of scenarios you might encounter. You should remember, however, that you could be assessed on any area from the GOC (stage 2) units of competency – the list is not exhaustive.

History taking, including diagnosis

146. You should take an accurate and relevant history from the patient or patient's relative, who will be played by an actor. You may be required to give a reasoned differential diagnosis or suggest tests that you would undertake. Presentations may include:
- a. blurred vision
 - b. reduced vision
 - c. sudden visual loss
 - d. diplopia
 - e. red eye
 - f. headache
 - g. systemic disease with ocular manifestations.

Communication

147. You will be observed interacting with the patient, a patient's relative or a colleague, who will be played by an actor or may be the examiner. You may be required to:
- a. explain how a condition will be treated
 - b. explain a diagnosis
 - c. explain a prescription
 - d. request an emergency referral
 - e. decide on appropriate management with a patient
 - f. give advice on the most appropriate optical appliances
 - g. break bad news.
148. Although communication skills are the main point of some stations, you will be marked on your communication skills in all stations involving a patient. The types of issues the examiners will assess are:
- a. relating to the patient
 - b. introducing yourself to the patient
 - c. being polite, considerate and respectful
 - d. acknowledging the patient's concerns
 - e. listening and questioning
 - f. using appropriate questioning techniques (open/closed/probing)
 - g. exploring the patient's response
 - h. checking that you have understood the patient's symptoms and concerns
 - i. explaining and advising
 - j. giving information in a way that the patient can understand
 - k. making the patient aware of the options available
 - l. involving the patient fully in decisions about care
 - m. summarising and checking the patient has understood
 - n. reassuring appropriately

- o. consistency of performance
 - p. being logical
 - q. being confident
 - r. being professional
 - s. relating to other healthcare professionals
 - t. communicating effectively in the best interests of the patient
 - u. showing respect
 - v. giving clear and relevant information to inform decisions about the patient's care
 - w. interpreting data.
149. You will be required to interpret a variety of clinical data – these may include visual field plots, charts, results of clinical examinations and clinical signs (through photographs or videos). You may have to discuss your conclusions or differential diagnoses with a fellow health professional or with the patient or patient's parent, played by an actor.

Clinical examination and practical skills

150. You will be required to demonstrate your ability to undertake a clinical examination or perform a practical procedure. This may be conducted on an anatomical model where the procedure is invasive or may harm a patient if undertaken repeatedly.
151. These may include:
- a. direct ophthalmoscopy
 - b. indirect ophthalmoscopy
 - c. cover test
 - d. focimetry
 - e. keratometry
 - f. visual acuity
 - g. recording a prescription.
152. The OSCE will assess your ability in a range of clinical decision-making and management situations. The patients are from across the age range and have a variety of conditions. No young children will be present – you will interact with the actor playing the child's parent or guardian in history-taking or communication skills' stations.
153. Remember the above lists are not exhaustive, merely illustrative.
154. Because the criteria for referral are different in different parts of the country we will be using the following definitions for the purposes of the examination. These definitions will be placed at each station.

| | | |
|-----------|---|------------------|
| Emergency | = | same or next day |
| Urgent | = | within one week |
| Soon | = | within one month |
| Routine | = | in due course |

The OSCE station

155. Each station has four components (or three if there is no patient present).
- a. examiner instructions
 - b. candidate instructions
 - c. actor instructions
 - d. equipment list.
156. You will see only the candidate instructions. A sample OSCE station, with all components, is in the **OSCE** section of this handbook.
157. If you have never taken an OSCE, you might find it useful to look at a briefing video. This briefing video is found on the College website under 'Qualifying as an optometrist'.

Marking scheme

158. Each station has a series of objectives, which you will not see, but which are the areas you would be expected to cover given the task you have been set. Each objective carries a weighting (the percentage the objective is worth), which is unknown to the examiner. The weightings add up to 100%. Your mark for each station is calculated by adding the marks given for each objective multiplied by the weightings. Your total score for the OSCE is calculated by adding up your score for each station.
159. Examiners also give a global score of good pass, pass, borderline pass, borderline fail, fail or bad fail. This is used for calculating the pass mark.

Calculating the pass mark

160. The passing score for each station and for the exam is set using the borderline regression method. Candidates must also pass a set number of stations to ensure that trainees are competent in a broad range of tasks.
161. The borderline regression method is an internationally recognised method of standard setting and it ensures that exams are of a consistent standard over time.

How to prepare

162. The final assessment assesses a sample of the clinical knowledge and skills you have developed during the pre-registration period. You will have already demonstrated in the workplace that you can apply your clinical knowledge and perform the skills underpinning the GOC (stage 2) units of competency. In the final assessment, you must show the examiners that you can perform a sample of tasks competently.
163. We have already discussed the importance of maintaining your competence throughout the pre-registration period. If you have done this, preparing for the final assessment should be relatively easy.
164. You will be expected to undertake any procedures confidently and competently, so ensure you have practised so that your technique is correct and that you can detect and know how to act upon significant signs.

Key information from this section

- The OSCE consists of 16 clinical tasks known as 'stations'. Each task will last five minutes and you will do them one after the other. Two of the stations will be pilot stations. This means we are trying them out to see if we can use them. You will not know which stations are the pilot stations and you will not be marked on them. There will also be one rest station.
- You will be tested on skills and presentations from across the GOC's (stage 2) units of competency.

On the day

What to bring

165. You should bring your own ophthalmoscope and retinoscope.

On arrival

166. You must make your own arrangements for travel and accommodation. We expect all examinations to start on time. Traffic and public transport can cause delays, so allow plenty of time for your journey. It is important to arrive on time. If you are late, you may not be able to take the examination.

167. You will be required to sign in at the centre. Apart from the equipment set out above, you will not be permitted to take anything with you on to the test circuit. You will not be permitted mobile phones or other communication devices in the waiting areas.

168. You will be given a further briefing before going into the examination.

The OSCE

169. You must wear your identity card at all times so that examiners can see it clearly. The station at which you should start will be on your identity card.

170. You will be shown from the briefing room to your starting station. You will be told when you can begin to read the instructions. Read the instructions carefully. There will be another set inside the station in case you need to refer to them.

171. There will be alcohol gel outside or inside some stations. You should use the alcohol gel on your hands before you begin these stations.

172. After one minute, you will be told to enter the station.

173. You should then perform the task given to you in the instructions. Although the clinical scenario is simulated, you should act as you would in the same situation in real life.

174. The actors who portray the patients are highly trained and experienced in playing the patient in a standardised way and, at the same time, responding to the words and actions of the candidate. So you should ensure that you watch and listen to the patient and respond appropriately.

175. 30 seconds before the end of the station you will be warned that it is almost time to move on. If you finish before the end, remain in the station until you are told it is time to move on to the next one. Conversely, if you have not finished when the five minutes is up, move on promptly anyway or you will not have time to read the instructions for the next station.
176. If you think you have done badly in a station, pause and put it to the back of your mind. It is important that you move to the next station with confidence in your ability. Do not let a poor performance in one station affect you in the next station.
177. The cycle will continue until you have completed all stations.
178. There may be a camera system which allows observers to watch the examination remotely. Please do not be put off by this. It will allow us to see how the examination is progressing without disrupting it, as it will reduce the need to sit in on stations. The camera does not record the examination so cannot be viewed retrospectively.
179. When the examination has finished, you will be taken to retrieve your belongings. You should then leave the building quietly.

Cheating and misconduct

180. You will be provided with all the materials you need during the examination other than those listed in paragraph 201 above which you must bring. You must not use or refer to any other materials or try to communicate with other candidates during the examination. All books, papers, mobile phones and other electronic equipment must be stored away when you begin the examination. You must not take any examination materials out of the centre, you must not write down the details of the examinations to take out and you must not obtain information about the examination from any source including other candidates. You must not behave unprofessionally in any way. If you do any of the above, you will be reported to the College. If you are found to have given or received help, your examination attempt will be declared invalid and your name reported to the Registrar of the GOC. Please refer to the scheme for registration regulations in the **Regulations** section of this handbook for further information.

Key information from this section

- Arrive in good time.
- Ensure you bring your own ophthalmoscope and retinoscope.
- Remember that cheating and misconduct are taken extremely seriously.

After the examination

181. You have to pass the OSCE before you can be certified as having been successful in the scheme for registration.
182. You will be required to complete the scheme for registration within two years and three months of your enrolment on the scheme or have up to four attempts at the final assessment, whichever occurs first. In **exceptional** circumstances you will be permitted to begin one more time.

Results

183. The results will be published on a secure section of the members' only area of the College website: www.college-optometrists.org. To access this area you must already have registered to access the members' only area. You will require your College membership number (not your GOC number). This number is printed on your pre-registration period confirmation letter and will also be on the letter accompanying your timetable. If you lose your number, you can be reminded of it by emailing membership@college-optometrists.org
184. A link will be visible on the home page of the College website. This link will automatically direct you to a login box and then to the page displaying the results of your final assessment.
185. Results will be posted to you within two working days of appearing on the College website. This will comprise a letter confirming your results and setting out the steps you need to take next.
186. To ensure your results remain confidential we will not give them out over the telephone, via email, fax or at the College reception.

Complaints

187. If you want to complain about the examination, you should submit a detailed written report to the Education Co-ordinator at the College or email: education.help@college-optometrists.org within 28 days of the date of your final assessment. Please include your name, address, telephone number, email address and candidate number. We will investigate and aim to respond within 10 working days. A complaint is not the same as an appeal (see below) and cannot affect your result. If the service we have provided has been unacceptable, however, we would welcome the chance to investigate and put it right.

Appeals

188. You can appeal against the result of your final assessment if you believe that there were irregularities in the administrative procedures and conduct of the examination, which were of such a nature as to cause reasonable doubt about whether the examiners would have reached the same conclusions had the irregularities not occurred.
189. Appeals should be submitted to the Education department, College of Optometrists, 42 Craven Street, London WC2N 5NG within 28 days of the release of the results. The fee for submitting an appeal can be found in the schedule of fees on the College website: www.college-optometrists.org. Please refer to the regulations in **Regulations** section of this handbook.

Next steps

190. If you pass, you can apply for registration with the GOC, which is essential before you can begin work as an independent practitioner, and obtain full membership of the College. Application forms for membership of the GOC and the College will be supplied together with your letter informing you of your success. Until you have received your new GOC number as a qualified optometrist, then you can only perform the same supervised duties as you did while under pre-reg supervision.

191. If you fail you may book a place at the next set of examinations. There is a fee for resits. Please check the schedule of fees published on the College website: www.college-optometrists.org Please remember that you will be required to complete the scheme for registration within two years and three months of enrolling or have passed within your fourth attempt at the final assessment, whichever occurs first. You can download the application form from the College website.
192. If you are prevented from or are unable to sit the final assessment and, the time allowed for completion of the scheme for registration is exceeded, you may, at the absolute discretion of the College, be permitted to sit the final assessment at the next sitting with available places.

Exceptional circumstances

193. If you have been unable to complete the scheme for registration within two years and three months of the date you enrolled on the scheme or have had four attempts at the final assessment and have been unable to pass, you may, in exceptional circumstances, be permitted to undertake the scheme for registration one further time. If you are permitted to undertake the scheme one further time, you must begin within two years of your last supervised practice.
194. The College's education committee considers the applications for exceptional circumstances to be taken into account at the meeting after they are received. The committee meets three times a year. If you are thinking of applying for **exceptional** circumstances to be taken into account, you may want to bear the following points in mind:
 - a. Explain in detail the circumstances that have affected your performance and prevented you from completing the scheme for registration in the time permitted or caused you to be unable to pass within four attempts. Remember that these must be exceptional, beyond the range of events that people might normally experience over a period of time.
 - b. Explain how the circumstances have affected your performance and make it clear how long they have been going on.
 - c. Provide independent evidence to support what you are telling us. This might be in the form of documentation or a letter from an official source such as a medical practice or the police, and may also include a supporting letter from your supervisor or assessor. If you cannot provide supporting evidence, explain clearly why this is not possible.
 - d. We appreciate that exceptional circumstances, by their very nature, are often things that are difficult to talk about. Please try to confide in someone. If you tell your supervisor and/or assessor, or phone the College, they might be able to advise you on a course of action which means that you do not need to get to the point where you have to apply to begin the scheme one further time.

Key information in this section

- The results are published in a secure section of the members' only area of the College website
- you should submit complaints about the final assessment at the time where possible or within 28 days
- you can appeal on procedural grounds
- if you fail, you can re-sit provided that you complete the scheme for registration within two years and three months of enrolling or have up to four attempts at the final assessment, whichever occurs first. If you are prevented from taking the assessment you may, at the discretion of the College, be permitted to sit the final assessment at the next sitting with available places
- in exceptional circumstances you might be able to undertake the scheme for registration one further time
- if you pass you should apply for registration with the GOC and membership of the College as soon as possible
- until you have received your new GOC number as a qualified optometrist, then you can only perform the same supervised duties as you did while under pre-reg supervision.

Section 9 – Becoming a full member of the College

195. When you have successfully completed the scheme for registration and passed the Final Assessment, you will be eligible to upgrade to full membership of the College. Becoming a College member offers many additional benefits. Full details of these are available on our website and will be sent through to you after your results.

Annual College diploma ceremony

196. The annual College diploma ceremony congratulates new members on their success completing the scheme for registration. This prestigious event is held in November each year at Central Hall Westminster, London. The ceremony introduces new members to the College and marks their achievement as they formally enter the profession.
197. New members receive a complimentary place at the ceremony and two free tickets for family or friends. The ceremony is followed by a reception where “Diplomates” and their guests have the opportunity to meet senior members of the profession, College staff and council members. This is also a great opportunity to catch up with your university friends.
198. Further information will be posted to newly qualified members after they have joined the College.

Use of the College affix

199. Membership of a professional body such as the College of Optometrists demonstrates to the public, patients and peers that a member is committed to the profession, to providing the highest level of professional service, and to the continuous development of their knowledge, skills and understanding.
200. As a full member of the College you will be entitled to use the MCOptom affix after your name. e.g. Mr Paul Robson BSc MCOptom.

College membership certificate

201. Members will receive a certificate of membership at the diploma ceremony, which can be displayed prominently within the workplace.

Discounted membership for the first two years in practice

202. The College acknowledges that the first two years in practice can be financially demanding and offers a substantial discount on membership fees to all newly qualified members.

Members handbook

203. On becoming a full member of the College you will receive a complimentary copy of the members’ handbook which includes a range of useful information and advice, in addition to the latest version of the code of ethics and guidelines for professional conduct.

The opportunity to study for higher qualifications

204. Learning is a life-long experience. As you begin to develop your own particular interests and expertise, you will have the opportunity to take the College's higher qualifications.
205. You may take higher qualifications following successful completion of the Scheme for Registration and when you register as a full member of the College. However, you will be required to have been on the GOC register for at least one year.
206. The higher qualifications are under review but we currently offer the following at certificate and diploma levels:
 - a. Ocular Conditions (Glaucoma A & Diabetes)
 - b. Rehabilitation of Visual Impairment
 - c. Glaucoma
 - d. Contact Lens Practice
 - e. Orthoptics

College/AOP benevolent fund

207. The Benevolent Fund for the College of Optometrists and the Association of Optometrists has been in operation since 2000. The fund aims to give financial assistance to optometrists, families and dependants in times of need. Any College member seeking support is entitled to apply to the fund. Further information is available on their website at www.opticalbenfund.com