Glaucoma HQs Learning Outcomes

July 2026, version 3.0

THE COLLEGE OF OPTOMETRISTS

1. General Information

Title:	**Professional Higher Certificate in Glaucoma**
Credits / Hours:	30-40 credits / 300-400 hours
Pre-requisites:	Professional Certificate in Glaucoma or equivalent

2. Rationale

The Professional Higher Certificate is a qualification enabling optometrists in primary care to engage in a formal referral refinement service, providing tests sufficient to diagnose glaucoma (including gonioscopy), and to manage stable glaucoma patients safely and autonomously.

The programme develops skills in detecting change in clinical status and decision-making in patients at risk of developing glaucoma.

It builds on the competencies demonstrated at Professional Certificate Level.

3. Learning Outcomes

Following completion of this programme, learners will be able to:

a) perform a gonioscopic examination of the anterior chamber angle and identify anatomical structures; accurately grade the angle width and interpret the significance of clinical findings
b) diagnose ocular hypertension (OHT) or preliminary diagnosis of chronic open-angle glaucoma (COAG) through an integration of clinical observations / results of clinical investigations
c) make appropriate management decisions in a patient with OHT
d) monitor the response to treatment in a patient with OHT and modify the management plan or refer if necessary
e) inform patients of the rationale for monitoring their condition and demonstrate an ability to explain the risk of developing glaucoma
f) apply knowledge of the pharmacology, cautions, contraindications, interactions and side effects of anti-glaucoma medication when managing stable glaucomas and OHTs

Following completion of this programme, an optometrists will have an understanding of:

g) clinical leadership and the roles of supervision, audits and self-audits in governance and service improvement

4. Indicative Content

a) Pathogenesis of glaucomatous optic neuropathy
b) Normal tension glaucoma
c) Secondary glaucomas
    - Exfoliation syndrome and exfoliative glaucoma (PXF)
    - Pigmentary glaucoma (PDS)
    - Other causes of secondary glaucoma

d) Performance of the following techniques for the diagnosis, monitoring and treatment of glaucoma. This should include the calibration, operation and maintenance of equipment and the production and interpretation of results
   - Tonometry
   - Gonioscopy
   - Visual fields
   - Optical coherence tomography of the optic nerve (OCT)
   - Anterior segment optical coherence tomography (AS-OCT)

e) An understanding of the following laser treatments:
   - Laser peripheral iridotomy (LPI)
   - Selective laser trabeculoplasty (SLT)

f) Imaging technologies in the monitoring of patients at risk of glaucoma
   - OCT
   - A historical understanding of older technologies, such as HRT and GDx

g) Ocular hypertension (OHT)
   - Definition
   - Risk factors for conversion to COAG
   - Glaucoma suspect

h) The Glaucomas
   - Primary Open-Angle Glaucoma (POAG)
   - Primary Angle-Closure Glaucoma (PACG)
   - Secondary Glaucoma
   - Developmental Glaucoma
   - Normal tension glaucoma

i) Clinical decision making in the diagnosis of OHT and COAG
   - Interpretation and synthesis of clinical findings
   - Virtual reviews
   - Formulation of a clinical management plan
   - Clinical guidelines e.g. NICE, SIGN, EGS
   - Uses and limitations of target IOP

j) Anti-glaucoma medication
   - Uses
   - Contraindications
   - Side effects

k) Lifestyle and social aspects of glaucoma
   - The psychology of patients with, or at risk of, glaucoma in relation to compliance and optimising the quality of life
   - Sources of help and information

l) Clinical Leadership
   - Clinical governance in the diagnosis of OHT/COAG and assuring compliance
   - Supervising others
   - Significant event analysis, audit and self-audit

Overarching Criteria for College-Accredited Higher Qualifications

5. Teaching / Learning Methods

a) The qualification must be delivered and assessed at level 7/11
b) The programme should be of sufficient length to achieve the stated learning outcomes
    a. Approximately 150-200 hours for a Professional Certificate
    b. Approximately 300-400 hours for a Professional Higher Certificate*
    c. Approximately 600-750 hours for a Diploma*
    * these will include the clinical placement
c) Programme delivery will be achieved through a variety of learning strategies appropriate to the material or skill being taught

For courses that include a clinical placement

d) A structured clinical placement will take place in an appropriate ophthalmic care setting under the direction of a designated sub-specialist ophthalmologist mentor
e) It is expected that specialist optometrists will be involved in the teaching process
f) The designated mentor will provide supervision and support and will arrange, with guidance from the education provider, appropriate clinical exposure to facilitate achievement of the stated learning outcomes and the integration of theory and practice
g) Clinical placements should build on the requirements of the previous lower-level qualification
h) During the placement, the learner should have an active involvement in each logged patient episode
a) Clinical placements should be of sufficient length to achieve the competence required. As a guide, based on one session per week:
    - Professional Higher Certificate: 6 months
    - Professional Diploma: 12 months
i) The complexity of the case mix should gradually increase as clinical experience develops
j) During the placement the learner should have exposure to patient episodes of varying diagnoses and complexity for them to become competent
    - At Professional Higher Certificate level there should be 150 patient episodes and at Professional Diploma level 250 patient episodes
    - Up to 75 patient episodes may be remote or simulated
k) Learners must maintain a portfolio that documents their clinical experience and competency-based assessments that forms part of the summative assessment of the qualification
l) The clinical placement should be augmented by case-based discussion and directed private study

6. Assessment and Evaluation

a) Assessments should be designed to provide valid and reliable judgements about a trainee's performance
b) Assessment strategies must be made explicit and be appropriate for the outcomes they are designed to test
c) It must not be possible to pass the qualification without meeting all the learning outcomes
d) For each assessment, a marking scheme with the appropriate pass/fail criteria should be established
e) No assessment may have a pass mark of less than 50%

f) The course provider must ensure work is assessed using standard-setting and moderation mechanisms that are explicit, reliable and valid including, where appropriate, second marking
g) The development of clinical decision making is a key aspect of all courses, and this should be formally assessed

7. Accreditation of Prior Learning (APL)

a) APL may be awarded to candidates as appropriate. It should be noted that the APL must be specific to the units and certificates already held by candidates.
b) APL can count towards no more than one third of the programme being studied (noting that APL processes may also be used to establish the applicants meet all the pre-requisites for admission to any of the qualifications)

For courses that include a clinical placement

c) Candidates may be eligible for exemption from the clinical placement through accreditation of prior learning
   The criteria for exemption are:
   i. candidates must be current practitioners with relevant experience in glaucoma management within a hospital, clinic or other appropriate setting
   ii. candidates must present a portfolio of evidence of sufficient* patient episodes; patients should be seen within a hospital, clinic or other appropriate setting

       * Currently 150 episodes for a Professional Higher Diploma and 250 episodes for a Professional Diploma
   iii. the portfolio of evidence must include details of relevant, specific workplace assessments which directly match, and are assessed against the clinical skills learning outcomes in the relevant College of Optometrists' documentation
   iv. items of evidence within a portfolio of evidence have a currency of two years