Glaucoma HQs Learning Outcomes

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THE COLLEGE OF OPTOMETRISTS

1. General Information

Title:	**Professional Certificate in Glaucoma**
Credits / Hours:	15-20 credits / 150-200 hours
Pre-requisites:	Completion of level 6 of an Optometry degree or equivalent knowledge and experience in ophthalmic healthcare.

2. Rationale

The Professional Certificate in Glaucoma is intended to ensure that optometrists have the knowledge and clinical skills required to engage in glaucoma pathways involving enhanced referral and in monitoring patients with diagnosed ocular hypertension (OHT) and suspect chronic open angle glaucoma (COAG) with an established management plan.

It is an aspirational qualification for optometrists who would like to prepare for the Higher Professional Certificate in Glaucoma.

3. Learning Outcomes

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

a) take a comprehensive ophthalmic history in a patient with diagnosed OHT or suspect COAG
b) measure intraocular pressure accurately using a slit-lamp mounted Goldmann applanation tonometer and interpret the results
c) perform an assessment of central corneal thickness using appropriate instrumentation and interpret the significance of the results
d) assess the anterior chamber depth accurately using van Herick's technique and look for anterior segment signs of glaucoma
e) assess the optic nerve head by non-contact slit-lamp binocular indirect ophthalmoscopy and detect the characteristic features of glaucomatous optic neuropathy
f) recognise the signs and symptoms of a patient suffering from acute angle-closure and refer the condition appropriately
g) differentiate COAG from other ocular and central visual pathway anomalies causing visual field loss and/or optic nerve anomalies
h) make appropriate clinical decisions relating to OHT and COAG diagnosis and management
i) detect changes in clinical status in patients with diagnosed OHT and suspect COAG (e.g. change in visual fields or optic nerve head)
j) apply a gonioscopy lens competently and safely
k) provide patients / public with relevant and accessible information and advice about glaucoma, its detection, prognosis and management at initial and subsequent visits to enable patient engagement in decision-making
l) apply national guidance (e.g. NICE, SIGN) around referrals for patients with OHT, COAG or suspect COAG

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

m) demographic, ocular and systemic risk factors for COAG
n) the risk factors for angle closure and an ability to perform and interpret the results of the van Herick test for the assessment of anterior chamber depth
o) the use of perimetric tests for the assessment of a patient at risk of COAG and an ability to choose the most appropriate test strategies, be familiar with their limitations, understand the sources of artifacts, correctly interpret results and recognise glaucomatous field loss
p) timescales for follow-up of patients with diagnosed OHT and suspect OHT
q) medical and laser treatments for OHT and COAG

4. Indicative Content

a) The terminology, classification and clinical features of the glaucoma related diagnoses
b) Epidemiology and risk factors for glaucoma
c) Principles, applications and limitations of the following techniques and their role in the diagnosis, monitoring and treatment of glaucoma. This will include instrumentation and its underlying technology, clinical procedures and interpretation of results and the management of patients based on findings
    - Tonometry
    - Gonioscopy (including basic practical experience)
    - Visual fields
    - Laser peripheral iridotomy (LPI)
    - Selective laser trabeculoplasty (SLT)
    - Optical coherence tomography of the optic nerve (OCT)
    - Anterior segment optical coherence tomography (AS-OCT)
    - Pachymetry
d) Practical experience of:
    - Gonioscopy on normal eyes
e) Examination of the anterior segment
    - Van Herick technique
    - Ocular features of conditions that predispose to glaucoma (e.g. pigment dispersion, pseudoexfoliation, trauma, uveitis)
f) Examination and evaluation of the optic nerve head and retinal nerve fibre layer in glaucoma
    - Non-contact slit-lamp binocular indirect ophthalmoscopy
    - Normal optic nerve head
    - Features of glaucomatous optic neuropathy
g) Methods for differential diagnosis of glaucoma and influence of co-morbidity
h) Principles of monitoring glaucoma-related disease and detecting change
i) Patient communications and consent
    - Legal and regulatory requirements
    - Written, verbal and implied consent
    - Capacity and competence (including minors)
    - Documentation
    - Patient psychology to manage the impact of suspect findings and diagnosis
j) Sources of patient information and decision support
k) Professional and national guidance relating to COAG and OHT e.g. NICE and SIGN guidance
l) Clinical governance for enhanced case finding and OHT/suspect monitoring

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 that 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