



Learning outcomes for Professional Certificate in Low Vision

The professional certificate is a prerequisite to further levels of College accredited low vision qualifications.

1. Aims

This certificate is designed to prepare optometrists to be able to provide a high standard of low vision care in a hospital or community setting including: goal setting; assessment of vision; provision of low vision aids; advice about lighting and other methods of enhancing vision; provision of information and advice; referral to other services including social services; re-appraisal of goals; and arrangement for follow up.

2. Learning Outcomes

Following completion of the programme an optometrist should be able to demonstrate:

- a) an understanding of the terminology used to describe low vision and visual impairment
- b) an understanding of the epidemiology and demography of low vision in the UK
- c) an understanding of low vision certification and registration for individuals
- d) an understanding of the impact of low vision, including emotional impact, on an individual and their community
- e) an understanding of the different impact that chronic and acute eye conditions have on the individual
- f) an ability to assess people with low vision
- g) an ability to determine magnification requirements and to prescribe, dispense and train in the use of electronic and optical low vision task appropriate devices
- h) an understanding of the importance of sensory substitution
- i) a detailed knowledge of the role, contact details and communications pathways of other professionals and organisations which are an essential part of multidisciplinary low vision service provision
- j) an awareness of other local clinical low vision services and referral pathways
- k) an ability to establish effective communication with individuals, their family, carers and with other organisations and professionals.

3. Indicative content

- a) Definitions of low vision and visual impairment:
 - legal and functional blindness and the World Health Organisation (WHO) International Classification of Diseases (ICD)
 - the WHO International Classification of Functioning, Disability and Health (ICF).
- b) Epidemiology of low vision in the UK:
 - how this compares to the global picture
 - how low vision population is changing
 - context of the ageing population
 - in children
 - multiple impairments.
- c) Certification and registration and any variations across the UK.
- d) Impact of low vision on:
 - visual function
 - the individual, including children
 - their community
 - multiple impairments
 - ageing population.
- e) Impact of chronic and acute eye conditions:
 - adapt management plans.
- f) Assessment of low vision:
 - visual impairment and activity limitation
 - goal setting and prioritising need
 - measuring visual acuity, contrast sensitivity and functional visual fields in low vision patients
 - refraction in people with low vision.
- g) Magnification requirements and prescribe, dispense and train in the use of electronic and optical low vision task appropriate devices:
 - definition
 - acuity reserve

- contrast reserve
 - electronic vision enhancement systems (EVES) eg e-readers, smart phones and tablets
 - optical and non optical low vision devices
 - strategies eg making things bigger and Eccentric Viewing and Steady Eye Strategy and improving contrast
 - basic optics of the different types of optical magnifiers
 - consideration of uses, ergonomics, dexterity, field of view, magnification ranges and spectacle requirements when prescribing magnifiers
 - reducing glare for low vision patients
 - aids for peripheral visual field loss
 - lighting: general and task.
- h) Sensory substitution:
- sight substitution using sound and touch
 - Braille and other non-visual coding
 - devices and apps incorporating image and text recognition software.
- i) Other professionals and services including:
- other clinical low vision services
 - rehabilitation workers
 - social workers
 - ophthalmologists
 - other health care professionals eg optometrists, orthoptists, dispensing opticians and GPs
 - providers of emotional support
 - local and national voluntary organisations
 - eye clinic liaison officers
 - grants and benefits to enable employment and independent living
 - Qualified Teachers for the Visually Impaired.
- j) Clinical low vision services and referral pathways:
- location
 - local referral protocols
 - practitioners with experience of more complex cases.

- k) Communication with individuals, families, carers, organisations and professionals including:
- information on the eye condition and visual function
 - strategies and devices prescribed and their use
 - onward referral
 - review
 - variations in access to low vision services across the UK.

4. Teaching, learning and assessment strategies

The programme should be of sufficient length to achieve the stated learning outcomes. Programme delivery may be achieved through a variety of learning strategies, for example, face-to-face instruction, practical skills, distance learning or directed private study, as appropriate for the material or skills being taught.

To guide teaching strategy we distinguish between different levels of candidate competence in our learning outcomes:

- awareness – the candidate will be familiar with the item(s) in the learning outcome but is not required to demonstrate detailed understanding, knowledge or practical experience
- understanding – the candidate will be able to explain the key item(s) in the learning outcome but is not required to have practical experience
- detailed knowledge – the candidate will be able to demonstrate higher order thinking in most item(s) in the learning outcome
- ability – the candidate will have competence in a practical task acquired through skills based training or experience. Ability should incorporate higher order thinking.

This qualification has been designed to cover the theoretical knowledge of low vision, together with specific practical elements as indicated in the learning outcomes. We envisage that the practical skills will be taught and assessed as part of the programme, without the need for a clinical placement.

Assessments should be designed to provide valid and reliable judgements about a candidate's performance. Assessment criteria must be made explicit and be appropriate for the competency they are designed to test. For example, competences relating to a clinical skill should be assessed using an appropriate skills-based assessment. For each assessment, a marking scheme with the appropriate pass/fail criteria should be established. Candidates should demonstrate skills such as critical thinking, problem solving and reflection.