



# THE COLLEGE OF OPTOMETRISTS

## **Programme to prepare optometrists to diagnose OHT and COAG and to monitor patients with diagnosed OHT (on treatment or in the absence of a management plan) (Higher Certificate Level)**

### **1. Aim**

The training programme is designed to prepare optometrists to participate in community or hospital-based schemes involving the diagnosis of OHT and preliminary diagnosis of COAG (when not working under the supervision of a consultant ophthalmologist). The programme further develops skills in detecting change in clinical status and decision-making in patients at risk of developing glaucoma.

Optometrists working at this level should possess all of the competencies required at Certificate Level.

### **2. Learning outcomes**

Following completion of the programme, an optometrist should demonstrate:

- [a] an ability to perform a gonioscopic examination of the anterior chamber angle and to identify anatomical structures, accurately grade the angle width and interpret the significance of clinical findings.
- [b] an ability to diagnose OHT or COAG through an integration of clinical observations/results of clinical investigations
- [c] an ability to make appropriate management decisions in a patient with OHT
- [d] an ability to monitor the response to treatment in a patient with OHT and modify the management plan or refer if necessary
- [e] an awareness of the contraindications of anti-glaucoma medications and an ability to detect and manage drug-induced side effects
- [f] an ability to inform patients of the rationale for monitoring their condition and an ability to explain the risk of developing glaucoma
- [g] an ability to counsel patients regarding the risk of blindness associated with glaucoma, risk to family members, and potential impact of the disease on lifestyle

### **3. Indicative content**

#### (a) Gonioscopy

- Technique
- Description of angle and interpretation of results
- Infection control

#### (b) Ocular hypertension (OHT)

- Definition
- Risk factors for conversion to COAG

- (c) Tonometry
  - Indications and interpretation of phasing
- (d) Clinical decision making in the diagnosis of OHT and COAG
  - Interpretation and synthesis of clinical findings
  - Formulation of a clinical management plan
  - Clinical guidelines e.g. NICE, EGS
- (e) Anti-glaucoma medication
  - Contraindications
  - Side effects
- (f) Imaging technologies in the monitoring of patients at risk of glaucoma
  - HRT
  - OCT
  - GDx
- (g) Lifestyle and social aspects of glaucoma
  - Compliance
  - Optimising quality of life
  - Sources of help and information
- (h) Clinical governance in the diagnosis of OHT/COAG

#### **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 e.g. face-to-face instruction, distance learning or directed private study. However, these must be appropriate for the material or skill being taught. Training should also incorporate a structured clinical placement in an appropriate ophthalmic care setting under the direction of a sub-specialist ophthalmologist mentor (although it is anticipated that specialist optometrists could be involved in the training process). The designated mentor will provide supervision and support, and will arrange for appropriate clinical exposure to facilitate the stated learning outcomes and the integration of theory and practice. During the placement, the trainee should have an active involvement in each patient episode. It is anticipated that the complexity of the case mix should gradually increase as clinical experience develops. From experience of existing training programmes for optometrists with a specialist interest in glaucoma, it is recognized that the number of patient episodes required to achieve competence varies considerably. However, at least 150 patient episodes of varying diagnosis and complexity are required for an individual to become competent at higher certificate level. As a guide, placements are likely to need to be of approximately 6 months duration on a one session per week basis in order to achieve the necessary experience, case exposure and patient numbers.

Trainees should maintain a portfolio that documents their clinical experience and competency-based assessments. The clinical placement could be augmented by case-based discussion and directed private study.

Assessment strategies must be made explicit and be appropriate for the competency they are designed to test. For example, competencies relating to a practical skill should be assessed using a skills-based assessment. The repeatability of clinical measurements e.g. GAT, could be assessed using an appropriate statistical technique e.g. Bland-Altman difference plots. The development of clinical decision making is a key aspect of the training and this should be formally assessed e.g. using a structured oral exam based on unseen clinical scenarios or a 'key features' examination. For each assessment, a marking scheme with the appropriate pass/fail criteria should be established.

### **Accreditation of prior learning (APL)**

Accreditation of prior learning (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. APL can count for no more than one third of the programme.

Candidates may be eligible for exemption from the clinical placement through accreditation of prior learning. The criteria for exemption are:

- 1 candidates must be current practitioners with relevant experience in glaucoma management within a hospital, clinic or other appropriate setting
- 2 candidates must present a portfolio of at least 150 patient episodes; patients should be seen within a hospital, clinic or other appropriate setting
- 3 the portfolio evidence must include details of relevant, specific workplace assessments which directly match the clinical skills learning outcomes in the College of Optometrists' Glaucoma professional higher certificate
- 4 items of evidence within a portfolio have a currency of two years.

The course provider must ensure that this portfolio is assessed by at least two assessors, using a formal process which is explicit, reliable, and valid and fits into the quality assurance framework of their course.