



THE COLLEGE OF OPTOMETRISTS

Learning outcomes for the Professional Certificate in Paediatric Eye Care

1. Aims

This certificate:

- supports optometrists who wish to develop their skills and build their confidence when working with infants and children
- may be of particular interest to optometrists working in primary care
- provides optometrists with knowledge to support evidence-based eye care for infants and children of all ages
- enables optometrists to participate in vision screening pathways
- supports optometrists in developing, communicating and delivering a management plan for infants and children
- supports optometrists in making accurate and appropriate referral decisions for infants and children
- builds on core competence with its requirement for higher level understanding and knowledge, along with demonstration of practical ability and reflection on the optometrist's practice.

2. Learning outcomes

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

- a) an understanding of typical visual development and common abnormal visual outcomes
- b) a detailed knowledge of the national and local protocols for vision screening pathways
- c) an ability to effectively communicate with infants, children and their parents or carers
- d) an ability to obtain and interpret infants' and children's full symptoms and personal and familial history
- e) a detailed knowledge of the strengths and limitations of tests and techniques
- f) an ability to assess infants' and children's visual function using robust and evidence-based tests, appropriate for age
- g) a detailed knowledge of how to examine ocular health in infants and children
- h) an awareness of the visual problems in infants and children with developmental disabilities
- i) a detailed knowledge of appropriate dispensing for infants and children
- j) an ability to formulate, communicate and deliver an evidence-based management plan for infants and children
- k) safeguarding children - equivalent to DOCET Safeguarding Children level 2.

3. Indicative content

a) Typical visual development and common abnormal visual outcomes:

- visual development milestones
 - acuity
 - refractive error and emmetropisation
 - binocular vision
 - accommodative function
- colour vision deficiencies
- comitant and incomitant strabismus
- amblyopia and 'critical period'
- differentiating between causes of visual loss
- epidemiology to include refractive error and consideration of ethnic factors.

b) Vision screening pathways:

- national guidance
- local implementation.

c) Communication:

- tailoring approaches to engage with infants, children and parents or carers.

d) Infants' and children's full symptoms and history:

- birth history
- ocular and general health history, including that of the family
- interpreting the relevance of ocular and systemic conditions.

e) Strengths and limitations of tests and techniques:

- limitations of test design, particularly relating to acuity tests
- evidence base.

f) Assessment of infants' and children's visual function:

- monocular and binocular acuity, including distance and near
 - typical values for age, including interocular difference
- binocular and ocular motor function
 - typical values for age
- refractive error; different refractive techniques including, but not limited to:
 - cycloplegia
 - modified subjective refraction
Mohindra/near retinoscopy
 - typical values for age

- colour vision
 - accommodative function
 - use of objective methods eg dynamic retinoscopy
 - typical values for age.
- g) Ocular health in infants and children:
- common childhood ocular abnormalities
 - congenital
 - acquired
 - use of appropriate techniques and instrumentation.
- h) Infants and children with developmental disabilities:
- prevalence of ocular abnormalities.
- i) Appropriate dispensing to include:
- frame size, material, style and adjustment
 - lens form, blank size and material
 - GOS regulations.
- j) Management plan for infants and children with specific reference to:
- interpretation of test results and/or observations
 - differential diagnosis
 - prescribing decisions
 - treatment of refractive amblyopia
 - discussion around suitability of contact lenses
 - referral criteria and responsibilities
 - binocular vision exercises
 - follow up timescale for patients
 - communicating with parents and carers, understanding and managing expectations and concerns
 - communicating results to all relevant parties and stakeholders eg schools
 - GOS regulations and local protocols.
- k) Safeguarding children:
- content equivalent and/or mapped to Safeguarding children level two for example DOCET Safeguarding training.

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 trainee competence in our learning outcomes:

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

We envisage that the practical skills required for this qualification will be taught and assessed as part of the programme and that candidates will examine children as part of their clinical optometric work.

Assessments should be designed to provide valid and reliable judgements about a trainee's performance. Assessment criteria must be made explicit and be appropriate for the competency they are designed to test. For example, competencies 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.

Case records

Assessment must include a separate presentation of **four full case records**, which cover a range of individual patients and clinical needs. The case records should be reflective in nature and demonstrate evidence informed practice. The case records must include at least one case of:

- child with strabismus
- anisometropic amblyopia

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.