



Optometry Assessment Framework from June 2016

Evidence Types

DO = Direct Observation by Assessor of Patient Episode, PR = Examples of Patient Records, Log = Logbook signed by supervisor, ophthalmologist or hospital optometrist, WT=Witness Testimony, CS = Case Scenarios provided by Assessor, Q = questioning by assessor, FP = Field Plots, I=Images provided by assessor, PI=Prescription Interpretation, RL=Referral letter, RP=Role Play

Unit of Competence	Stage 2 Assessment	Stage 1 Assessment	Compulsory Evidence Type	Indicators	Patient Episode	
1.Communication <i>The ability to communicate effectively with the patient and any other appropriate person involved in the care of the patient, with English being the primary language of communication</i>	1.1 The ability to communicate effectively with a diverse group of patients with a range of optometric conditions and needs	1.1.1 Obtains relevant history and information relating to general health, medication, family history, work, lifestyle and personal requirements.	DO PR	Asks appropriate questions to obtain a full history. Uses appropriate strategies to understand patients' needs e.g. not interrupting and then summarising and checking understanding	<ul style="list-style-type: none"> e.g. Patient with family history of glaucoma 	
		1.1.2 Elicits the detail and relevance of any significant symptoms.	PR	Employs an appropriate mix of questions to elicit information from patients, for example, open and closed questions.	<ul style="list-style-type: none"> e.g. hypermetropic, myopic, astigmatic or presbyopic patient presenting with headache 	
		1.1.3 Identifies and responds appropriately to patients' fears, anxieties and concerns about their visual welfare.	PR	Establishes and maintains a good professional and clinical relationship with the patient to inspire trust and confidence. Recognises emotion in patients. Explores patient concerns and provides reassurance where appropriate, using explanations that are relevant to that patient.	<ul style="list-style-type: none"> e.g. patient with symptomatic cataract 	
	1.2 The ability to impart information in a manner which is appropriate to the recipient	1.2.1 Understands the patient's expectations and aspirations and manages situations where these cannot be met.		PR	Conveys expert knowledge in an informative and understandable way, for example, not using jargon. Explores the patients' expectations and checks the level of understanding. Employs a patient-centred approach to understand the patient's perspective. Is able to empathise with and manage the patient's needs, resolving any problems to mutual satisfaction.	<ul style="list-style-type: none"> Patient where their expectations cannot be met e.g. with AMD or Visual impairment
					1.2.2 Communicates with patients who have poor or non-verbal communication skills, or those who are confused, reticent or who might mislead	PR

1.Communication Continued <i>The ability to communicate effectively with the patient and any other appropriate person involved in the care of the patient, with English being the primary language of communication</i>	Continued 1.2 The ability to impart information in a manner which is appropriate to the recipient	1.2.3 Discusses with the patient the importance of systemic disease and its ocular impact, its treatment and the possible ocular side effects of medication.	PR	Takes a thorough history from the patient to include: <ul style="list-style-type: none"> o Medication, control, disease duration Demonstrates a thorough understanding of the disease process in cases such as diabetes, inflammatory disease etc. Provides a layman's explanation of the particular disease process	<ul style="list-style-type: none"> • Patient taking medication for systemic disease e.g. cardiovascular, diabetes
		1.2.4 Explains to the patient the implications of their pathological or physiological eye condition.	DO PR	Gives factually relevant information in a clear and understandable way, avoiding jargon and technical terms. Uses appropriate supporting material, for example, diagrams or leaflets, and uses a range of different explanations where required to avoid repetition. Understands limitations of knowledge, referring the patient for advice where necessary	<ul style="list-style-type: none"> • e.g. at least one patient with symptomatic cataract
		1.2.5 Communicates effectively with any other appropriate person involved in the care of the patient	PR	Records and discusses advice and management in a clear and appropriate manner	<ul style="list-style-type: none"> • Patient where communication with another appropriate person involved in their care is required

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Unit of Competence	Stage 2 Assessment	Stage 1 Assessment	Compulsory Evidence Type	Indicators	Patient Episode
2. Professional Conduct <i>The ability to comply with the legal, ethical and professional aspects of practice</i>	2.1 The ability to manage patients in a safe, appropriate and confidential environment	2.1.1 Adheres to Health and Safety policies in the practice including the ability to implement appropriate measures for infection control	DO	Demonstrates a proactive approach to Health and Safety issues such as identifying hazards, risk assessment, first aid, etc, in order to produce a safe environment for staff and patients alike. Demonstrates appropriate personal hygiene, cleanliness of the practice, hygiene relating to instrumentation, contact lenses, disposal of clinical waste etc. Additional Guidance Hygiene includes both personal hygiene and the environment Environment - appropriate disposal, caps put back on bottles, solutions used in date, cleanliness of instruments, trial frames, lenses, clean and orderly worktops, sinks and waste bins. Personal – appropriate use of hand-washing /gels/ towels and tissues	
		2.1.2 Maintains confidentiality in all aspects of patient care	PR	Demonstrates knowledge of the Data Protection Act (1998) and how this impacts on security, access and confidentiality of patient records. Additional Guidance Trainee must ask for and record verbal consent on all their records and be aware of what to do in the event that the patient refuses consent	All sampled patient records
		2.1.3 Shows respect for all patients	DO CS	Recognises and takes into consideration patient's specific needs and requirements e.g. cultural diversity or religious belief. Additional Guidance In all cases the trainee should: <ul style="list-style-type: none"> • Involve patients in their decisions and advice • Gain consent VCG • Ensure the patient is comfortable • Show interest, courtesy and respect • Be aware of how the patient is reacting to them • Show respect for the patient's personal space 	

<p>2. Professional Conduct</p> <p>Continued</p> <p><i>The ability to comply with the legal, ethical and professional aspects of practice</i></p>	<p>2.2 The ability to comply with legal, professional and ethical issues relating to practice</p>	<p>2.2.1 Is able to manage all patients including those who have additional clinical or social needs</p>	<p>2 x PR</p>	<p>Respects and cares for all patients and their carers in a caring, patient, sensitive and appropriate manner. Has knowledge of the Disability and the Equality Act (2010), and ensures the patient environment is safe, inviting and user-friendly in terms of access and facilities for all patients. Has an awareness of different types of disabilities and patients with additional needs. Understands the criteria and process for RVI/CVI registration, the use of the LVL and the difference between certification and registration. Additional Guidance Explains how they have changed their routine to accommodate a particular patients needs</p>	<ul style="list-style-type: none"> • Patient with visual impairment • Patient with physical disability
		<p>2.2.2 Is able to work within a multi-disciplinary team</p>		<p>Respects the roles of other members of the practice team and how working together gives the patient the highest possible level of care. In relation to shared care, is aware of:</p> <ul style="list-style-type: none"> o local and national shared care schemes o the roles of practice staff within these o the local scheme protocols <p>Additional Guidance Able to explain how they fit into the practice team in terms of role and responsibilities Demonstrates respect for other members of the team</p>	
		<p>2.2.3 Is able to work within the law and within the codes and guidelines set by the regulator and the profession.</p>		<p>Demonstrates knowledge of the advice and guidance set by the respective professional body and standards set by their local PCT. Demonstrates knowledge of the code of conduct set down by the General Optical Council. Demonstrates a knowledge of the relevant law relating to their role e.g. Opticians Act, GOS benefits, fees and charges, Medicines Act. Understands the implications for patient care in relation to the Mental Capacity Act 2005</p>	
		<p>2.2.4 Creates and keeps full, clear, accurate and contemporaneous records</p>	<p>DO PR</p>	<p>Is able to produce records which are legible and contain all relevant patient details, measurements, results and advice Additional Guidance The PR must be an honest, accurate and contemporaneous record of the episode. The record must be tidy, logical to follow and only include accepted abbreviations All results and advice must be recorded Copied records must be authenticated by the supervisor signature</p>	<p>All records sampled</p>

<p>2. Professional Conduct</p> <p>Continued</p> <p><i>The ability to comply with the legal, ethical and professional aspects of practice</i></p>	<p>Continued</p> <p>2.2 The ability to comply with legal, professional and ethical issues relating to practice</p>	<p>2.2.5. Interprets and responds to existing records.</p>	<p>PR</p>	<p>Makes a decision based on their own and previous findings Modifies their actions appropriately as a response to relevant history or previous records Identifies and responds to the significance of:</p> <ul style="list-style-type: none"> • refractive change/ocular status • clinical findings , for example, reduced VA • previous form of optical correction 	<ul style="list-style-type: none"> • Patient where a clinical management decision has been made based on previous records
		<p>2.2.6. Makes an appropriate judgement regarding referral and understands referral pathways.</p>	<p>PR</p>	<p>Refers to appropriate person with appropriate urgency Recognises difference between referral and notification Includes appropriate information in referral letter Gives appropriate advice to patient including written statement Shows understanding of local protocol / with some understanding of national variations</p> <p>Additional Guidance RL must be clear, show use of appropriate language and spelling and show the following consistently:</p> <ul style="list-style-type: none"> • appropriate data • key symptoms, signs and findings • provisional diagnosis • action requested 	<ul style="list-style-type: none"> • Patient referred (other than for cataract)

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Unit of Competence	Stage 2 Assessment	Stage 1 Assessment	Compulsory Evidence Type	Indicators	Patient Episode
<p>3. Methods of Ocular Examination</p> <p><i>The ability to perform an examination of the eye and related structures</i></p>	<p>3.1 The ability to use techniques in ocular examination and to understand the implications of the findings in terms of subsequent examination techniques</p>	3.1.1 Uses instruments to measure corneal curvature and assess it's regularity	DO	<p>Uses instruments to accurately measure, assess and record the corneal curvature and regularity Correctly interprets the information gathered</p> <p>Additional Guidance Choice of instrumentation could include:</p> <ul style="list-style-type: none"> - Manual or automated keratometer - Topographer <p>Accurate results to within +/-0.10mm radius</p>	
		3.1.2 Uses a slit lamp to examine the external eye and related structures	DO PR	<p>Demonstrates the methods of illumination, filters and other attributes of the slit lamp and their uses Demonstrates a full slit-lamp routine for the assessment of the external eye and related structures in a logical sequence</p>	<ul style="list-style-type: none"> • One CL related record where a slit lamp was used • One non-CL related record where a slit lamp was used
		3.1.3 Examines the fundi using both direct and indirect techniques	DO PR	<p>Uses a technique which allows an appropriate view of the fundus, including thorough & systematic scanning Demonstrates a safe technique Detects significant lesions</p> <p>Additional Guidance For trainees granted reasonable adjustments because of a significant loss of visual function in one eye, a handheld Panoptic Indirect Ophthalmoscope can be used in place of a direct ophthalmoscope. Systematic scanning of each fundus in all 8 positions of gaze is necessary to meet competence for all modes of ophthalmoscopy.</p>	<ul style="list-style-type: none"> • Patient where direct ophthalmoscope was used • Patient where BIO lens with slit lamp was indicated and used
		3.1.4 Identifies abnormal colour vision and appreciates its significance	PR	<p>For a minimum of 2 different test types, the ability to:</p> <ul style="list-style-type: none"> ○ Identify the test types available and who to use them on ○ Correctly use and interpret the results ○ Advise and manage the patient appropriately ○ Understands the significance of results in terms of: <ul style="list-style-type: none"> ○ Occupational implications ○ Genetics 	<ul style="list-style-type: none"> • Patient with a colour vision defect

<p>3. Methods of Ocular Examination</p> <p><i>continued</i></p> <p><i>The ability to perform an examination of the eye and related structures</i></p>	<p>Continued</p> <p>3.1 The ability to use techniques in ocular examination and to understand the implications of the findings in terms of subsequent examination techniques</p>	<p>3.1.5 Investigates the visual fields of patients with all standards of acuity and analyses and interprets the results.</p>	<p>2 x PR FP</p>	<p>Identifies which patients require visual fields assessment Chooses and carries out the appropriate method and manner of visual field assessment Interprets the field plot (including reliability), describing any abnormality using recognised terminology Identifies the cause of field defects from sample images e.g. location of visual pathway lesion, retinal problem Uses the basic alternative techniques in appropriate circumstances e.g. confrontation, Amsler, alternative fixation targets Appropriately adapts investigation for patients with reduced acuity</p>	<ul style="list-style-type: none"> • Patient with a visual field defect • Patient with reduced acuity <6/18 requiring visual field assessment
		<p>3.1.6 Uses both a non-contact and contact tonometer to measure intraocular pressure and analyses and interprets the results.</p>	<p>DO (Goldman or Perkins) 2 x PR</p>	<p>Safely sets up and uses the appropriate tonometer For contact tonometry demonstrates appropriate choice and use of drug/s Provides explanation and advice to the patient covering:</p> <ul style="list-style-type: none"> ○ Process, risks, after procedure advice <p>Accurately records and interprets the results</p> <p>Additional Guidance Contact tonometry should be applanation using either Goldmann or Perkins tonometer only. Knowledge and understanding of checking the calibration of the instrument of choice is also a requirement. "Safely" in contact tonometry means that:</p> <ul style="list-style-type: none"> - Pre and post corneal checks have been made and recorded - The tonometer head must be decontaminated using a recognised method if it is to be reused on another patient 	<ul style="list-style-type: none"> • Patient where NCT has been used • Patient where applanation tonometry using GAT or Perkins has been used
		<p>3.1.7 Assesses the tear film</p>	<p>DO</p>	<p>Chooses appropriate instrumentation and uses correct and safe methods to assess tear quantity and quality Accurately records the results and differentiates normal from abnormal</p>	

		3.1.8 Uses the slit lamp to assesses anterior chamber signs of ocular inflammation	PR/WT	<p>Uses the appropriate slit lamp technique in appropriate ambient lighting Slit lamp technique should include viewing the following:</p> <ul style="list-style-type: none"> • Corneal endothelium • Aqueous humour • Iris and anterior lens surface <p>Describes and grades what they would expect to see in a patient with anterior ocular inflammation</p>	<ul style="list-style-type: none"> • Patient with anterior uveitis seen in practice or HES
		3.1.9 Assesses pupil reactions	DO PR	<p>Uses appropriate ambient illumination and light source to assess pupil reactions Accurately records the results and differentiates normal from abnormal</p>	<ul style="list-style-type: none"> • Patient showing assessment of pupils (can be normal)
		3.1.10 Uses diagnostic drugs to aid ocular examination	2 x PR	<p>Understands the indications and contraindications for drug use and potential side effects Understands and applies best practice in terms of the legal aspects of access, use and supply Makes appropriate selection of drug/s and uses safely</p>	<ul style="list-style-type: none"> • Patient where mydriasis was indicated and carried out • Patient where local anaesthesia was indicated and carried out
		3.1.11 Makes an assessment of the fundus in the presence of media opacities.	PR	<p>Carries out dilated examination of a patient using a binocular indirect ophthalmoscopy (BIO)lens Provides evidence of fundus seen (features recorded e.g. C/D ratio, pigmentation etc.) Records the media opacity</p>	<ul style="list-style-type: none"> • Patient with significant lens or media opacities with VA 6/12 or less

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Unit of Competency	Stage 2 Assessment	Stage 1 Assessment	Compulsory Evidence Type	Indicators	Patient Episode
4. Optical Appliances <i>The ability to dispense an appropriate optical appliance</i>	4.1 The ability to interpret and dispense a prescription using appropriate lenses and facial and frame measurements.	4.1.1 Identifies anomalies in a prescription and implements the appropriate course of action	PR PI	Identifies possible errors in a prescription and follows the appropriate course of action Identifies and explains any problems which may occur from the given prescription and offers solutions, for example, aniseikonia, anisometropia Additional Guidance This will always include: <ul style="list-style-type: none"> - Vertical differential prism - Monocular horizontal centration 	<ul style="list-style-type: none"> • Patient dispensed with spectacles to correct significant anisometropia =or > 2.00DS/DC
		4.1.2 Measures and verifies optical appliances taking into account relevant standards where applicable.	DO	Measures and verifies that lenses have been produced to a given prescription within BS tolerances Verifies that all aspects of the frame or mount has been correctly supplied Measures and verifies that the lenses are correctly positioned in the spectacle frame/mount within BS tolerances Additional Guidance Choice of instrumentation could include: <ul style="list-style-type: none"> • manual or automated focimeter Accurate results to within: <ul style="list-style-type: none"> • $\pm 0.25\text{DS/DC}$ for dioptric measurements • Axis appropriate to cylinder power o $\leq 0.50\text{DC} \pm 7^\circ$ o $> 0.50\text{DC} \leq 0.75\text{DC} \pm 5^\circ$ o $> 0.75\text{DC} \leq 1.50\text{DC} \pm 3^\circ$ o $> 1.50\text{DC} \pm 2^\circ$ • Centres – 1mm tolerance Must demonstrate a knowledge of actual tolerances	
		4.1.3 Matches the form, type and positioning of lenses to meet all the patient's needs and requirements and provides appropriate advice	PR	Provides all the necessary information for a pair of spectacles to be duplicated, to include: <ul style="list-style-type: none"> • Prescription • Lens type and form • Centration and fitting positions • Frame details • Lens surface treatments 	<ul style="list-style-type: none"> • Other sampled records

4. Optical Appliances continued <i>The ability to dispense an appropriate optical appliance</i>	Continued 4.1 The ability to interpret and dispense a prescription using appropriate lenses and facial and frame measurements	4.1.4 Advises on personal eye protection regulations and relevant standards, and appropriately advises patients on their occupational visual requirements.	PR	Applies the relevant standards for: <ul style="list-style-type: none"> • VDU users, driving • EN standards, including markings standards BSEN I66 and legislation and sources Demonstrates a knowledge of visual task analysis including lighting Understands the legal responsibilities for employees, employers, dispensing opticians and optometrists Understands and identifies common ocular hazards and common or sight threatening leisure activities and occupations and the ability to advise patients.	<ul style="list-style-type: none"> • Patient where a suitable eye protector has been advised or dispensed.
		4.1.5 Dispenses a range of lens forms to include complex lenses, multifocals and high corrections, and advise on their application to specific patients needs.	3 x PR	Demonstrates correct interpretation of prescriptions Understands the following lens parameters Lens form, design, materials, coatings and tints, availability, blank sizes Demonstrates understanding of frames covering the following: Size, materials, relationship between frame, lenses and face Demonstrates the appropriate lens and frame selection and justification (bearing in mind patient's lifestyle requirements) Demonstrates appropriate frame adjustments	<ul style="list-style-type: none"> • Patient dispensed with multifocals • Patient dispensed with spectacles to correct a refractive error =or> 10 dioptres • Paediatric dispensing (4 years or under)
		4.1.6 Prescribes and dispenses spectacles for vocational use.	PR	Identifies the vocational needs of the patient and carries out task analysis Takes appropriate measurements Prescribes and dispenses the most appropriate frames and lenses for the task	<ul style="list-style-type: none"> • Patient dispensed with a specific vocational or recreational correction e.g. an older presbyopic VDU user
		4.1.7. Manages non-tolerance cases.	PR	Identifies problems Undertakes appropriate investigation and takes appropriate action Explains to patient what course of action will be taken and obtains patient's agreement Arranges follow-up if necessary	<ul style="list-style-type: none"> • Patient with non-tolerance where appropriate investigation and action has been taken

	<p>4.2 The ability to advise on and to dispense low vision aids</p>	<p>4.2.1 Advises on the use of, and dispenses simple low vision aids including simple hand and stand magnifiers, typoscopes and hand held telescopes.</p>	<p>PR</p>	<p>Identifies which patients would benefit from low vision aids and advice Understands the principles of magnification, field of view and working distance in relation to different aids Provides advice on the advantages and disadvantages of different types of simple low vision aids Understands the mechanisms of prescribing magnification including acuity reserve Gives correct instruction to a patient in the use of various aids, to include:</p> <ul style="list-style-type: none"> • Which specs to use with aid • Lighting required • Appropriate working distance <p>Provides basic advice on non-optical aids, use of contrast and lighting to enhance visual performance and daily living skills</p>	<ul style="list-style-type: none"> • Patient where a low vision aid has been advised and dispensed
		<p>4.2.2 Understands the application of complex low vision aids.</p>			<p>Identifies appropriate patients for complex low vision aids Selects the appropriate Visual Aid e.g. spectacle mounted telescopes, CCTV,</p> <ul style="list-style-type: none"> • Considering range: use / magnification / Limitations / Lighting and environment • Demonstrate an awareness of other alternatives including other electronic aids and speech software <p>Aware of access/ availability of services Makes appropriate referral and potential outcome</p>

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Unit of Competency	Stage 2 Assessment	Stage 1 Assessment	Compulsory Evidence Type	Indicators	Patient Episode
<p>5. Contact Lenses</p> <p><i>The ability to manage the fitting and aftercare of patients with contact lenses</i></p>	<p>5.1 The ability to select and fit the most appropriate lens for the planned use and clinical needs of the patient</p>	<p>5.1.1 Chooses, fits and orders soft lenses</p>	<p>DO 3 x PR</p>	<p>Demonstrates an understanding of the range of soft lens materials and designs available Makes the appropriate choice of soft lens parameters Assesses the fit of lenses using a variety of techniques Makes appropriate adjustment of lens for best fit Writes an appropriate order for a soft lens Additional Guidance This will always include the Assessor directly observing the trainee insert & remove the CL from the patient's eye • PR's should include an initial assessment of the patient's suitability for CL wear and assessment of the eye for trauma post –fitting</p>	<ul style="list-style-type: none"> • 3 soft lens fittings covering a range of different materials and modalities of wear
		<p>5.1.2 Instructs the patient in soft lens handling and how to wear and care for them</p>	<p>PR</p>	<p>Instructs a patient in the techniques of soft lens insertion, removal and other relevant handling instructions Instructs a patient on the principles of soft lens wear and care including use of soft lens care products Additional Guidance This must include: • Sufficient detailed knowledge of own lens banks and solutions to advise appropriately and safely • Sufficient general knowledge of materials and care regimes to resolve problems</p>	<ul style="list-style-type: none"> • Insertion and removal training to one soft lens patient
		<p>5.1.3 Chooses, fits and orders rigid lenses</p>	<p>DO 3 x PR</p>	<p>Demonstrates an understanding of the range of rigid lens materials and designs available Makes the appropriate choice of rigid lens parameters Assesses the fitting of a rigid lens Makes appropriate adjustment of lens for best fit Writes an appropriate order for a rigid lens Additional Guidance This will always include the Assessor directly observing the trainee insert & remove the CL from the patient's eye • PR's should include an initial assessment of the patient's suitability for CL wear and assessment of the eye for trauma post –fitting</p>	<ul style="list-style-type: none"> • 3 complete RGP lens fittings

<p>5. Contact Lenses continued</p> <p><i>The ability to manage the fitting and aftercare of patients with contact lenses</i></p>	<p>5.1 The ability to select and fit the most appropriate lens for the planned use and clinical needs of the patient</p>	<p>5.1.4 Instructs the patient in rigid contact lens handling, and how to wear and care for them</p>	<p>PR</p>	<p>Instructs a patient in the techniques of RGP lens insertion, removal and other relevant handling instructions Instructs a patient on the principles of RGP lens wear and care including use of RGP lens care products Additional Guidance This must include: • Sufficient detailed knowledge of own lenses and solutions to advise appropriately and safely • Sufficient general knowledge of materials and care regimes to resolve problems</p>	<ul style="list-style-type: none"> • Insertion and removal training to one RGP lens patient
	<p>5.2 The ability to assess the progress in wear of a contact lens patient and to investigate, identify and manage any aftercare issues.</p>	<p>5.2.1. Manages the aftercare of patients wearing soft lenses.</p>	<p>DO 3 x PR</p>	<p>Demonstrates an understanding of the content and routine of a soft CL aftercare consultation Carries out the relevant tests and assessments which are required in a routine soft lens aftercare consultation Demonstrates an understanding of soft lens adaptation and aftercare issues and how to manage them Additional Guidance Demonstrate assessment of : • Patient Assessment e.g. reason for visit (presenting complaint), history and symptoms • Visual Assessment and Fit Assessment • Tissue Assessment – with and without fluorescein • Condition of CL Providing advice: • Addressing presenting complaint, communicating cause and remedy of complaint including action to be taken and review date. • Advise need of any other examination if not up-to-date e.g. next eye exam etc. • Complying with appropriate lens handling, care regimes and hygiene requirements throughout • Advise on the management of common CL complications</p>	<ul style="list-style-type: none"> • Three soft lens aftercare patients covering a range of materials and modalities of wear. To include one patient with a complication requiring management.
		<p>5.2.2. Manages the aftercare of patients wearing rigid gas permeable contact lenses.</p>	<p>DO 3 x PR</p>	<p>Demonstrates an understanding of the content and routine of a rigid CL aftercare consultation Carries out the relevant tests and assessments which are required in a routine rigid lens aftercare consultation Demonstrates an understanding of rigid lens adaptation and aftercare issues and how to manage them Additional Guidance As for soft lens aftercare above</p>	<ul style="list-style-type: none"> • 3 RGP contact lens aftercare patients

<p>5.3 The ability to select and fit the most appropriate complex lens for the planned use and clinical needs of the patient</p>	<p>5.3.1. Chooses and manages the fitting of toric contact lenses</p>	<p>PR</p>	<p>Demonstrates an understanding of the types of astigmatism which require correction Chooses the appropriate type of CL correction to meet the relevant needs of the patient Demonstrates an understanding of the designs and materials available in toric contact lenses and selects the appropriate toric lens for the needs of the patient Additional Guidance To include both soft toric and the fitting of RGP lenses on toric corneas</p>	<ul style="list-style-type: none"> Record of a complete toric CL fitting for a patient with astigmatism =or >1.50DC
	<p>5.3.2 Chooses and manages the correction of presbyopic patients</p>	<p>PR</p>	<p>Demonstrates an understanding of the advantages/disadvantages of the various methods of managing presbyopia and chooses the most appropriate method for the needs of the patient</p>	<ul style="list-style-type: none"> Presbyopic patient fitted with a suitable CL correction
	<p>5.3.3. Understands the techniques used in fitting complex contact lenses and advises patients requiring complex visual correction.</p>		<p>Knows the methods for the CL correction of aphakia, high ametropia, keratoconus post-surgical and post-refractive surgery Including:</p> <ul style="list-style-type: none"> the types of lenses available, their fitting characteristics, fitting technique and any patient advice required when fitting these lenses 	

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6. Ocular Disease <i>The ability to identify and manage ocular abnormalities</i>	6.1 The ability to manage patients presenting with eye disease, including sight threatening eye disease	6.1.1. Understands the risk factors for common ocular conditions.	PR	Understands the risk factors for developing common ocular conditions including: Glaucoma, cataract, diabetic retinopathy and AMD	<ul style="list-style-type: none"> • Patient showing any risk factor for any common ocular condition
		6.1.2. Interprets and investigates the presenting symptoms of the patient.	PR	Asks appropriate and relevant questions to follow up presenting symptoms Recognises a significant symptom (including reduced vision) Investigates the presenting symptom Interprets the results	<ul style="list-style-type: none"> • e.g. patient with presenting with headache symptomatic cataract or red eye
		6.1.3. Develops a management plan for the investigation of the patient.	PR	Recognises that there is a need for action and further investigation within the primary care setting Chooses and carries out an appropriate technique for that investigation Interprets the results and acts in line with College of Optometrists and NHS guideline	<ul style="list-style-type: none"> • e.g. patient with presenting with headache symptomatic cataract or red eye
		6.1.4. Identifies external pathology and offers appropriate advice to patients not requiring referral.	2 x PR	Uses an appropriate method for looking at the external eye, grades what is seen at the initial check and at follow up covering: <ul style="list-style-type: none"> • External eye and ocular surfaces • Lids, lashes, lumps/bumps and red eye Gives the correct advice /treatment and review period Aware of pharmaceutical agents available (legal status, indications, contraindications and side effects and uses appropriate sources of medicines information) Explains clearly to the patient and checks their understanding	<ul style="list-style-type: none"> • Patient with blepharitis • Patient with evaporative or aqueous deficiency dry eye
		6.1.5. Recognises common ocular abnormalities and refers when appropriate.	PR I	Recognises, using appropriate technique/s, all of the following: <ul style="list-style-type: none"> • Cataract • Glaucoma or glaucoma suspects • Anterior eye disorders e.g. blepharitis, dry eye, meibomian gland dysfunction, lid lesions • AMD and macular abnormalities Manages appropriately	Other sampled records

<p>6. Ocular Disease continued</p> <p><i>The ability to identify and manage ocular abnormalities</i></p>	<p>Continued</p> <p>6.1 The ability to manage patients presenting with eye disease, including sight threatening eye disease</p>	6.1.6. Manages patients presenting with cataract.	2 x PR	<p>Understands the impact of cataract on patients' lifestyle</p> <p>Provides advice on minimising impact on lifestyle – non surgical management</p> <p>Shows awareness of HES management – understands the risk and benefit of surgery.</p> <p>Provides appropriate advice and management including, when necessary, referral for cataract extraction</p>	<ul style="list-style-type: none"> Two patient with cataract representing different management options
		6.1.7. Manages patients presenting with red eye/s.	PR	<p>Obtains relevant information from the patient</p> <p>Uses appropriate methods of examination to enable differential diagnosis</p> <p>Appropriately manages the patient after diagnosis</p>	<ul style="list-style-type: none"> Patient presenting with red eye/s
		6.1.8. Evaluates glaucoma risk factors, to detect glaucoma and refer accordingly.	PR	<p>Discusses the key risk factors</p> <p>Identifies findings suggestive of open and closed angle glaucoma from clinical examination</p> <p>Uses above information to determine if referral is appropriate</p> <p>Decides on urgency and pathway of referral</p>	<ul style="list-style-type: none"> Patient requiring management for potential suspect glaucoma (not solely ocular hypertension)
		6.1.9 Manages patients presenting with macular degeneration.	PR	<p>Distinguishes between wet and dry AMD from symptoms and clinical findings</p> <p>Establishes patient needs and visual function</p> <p>Makes appropriate recommendations for management or referral</p> <p>Understands potential treatments both medical and “in practice” options</p>	<ul style="list-style-type: none"> Patient with AMD
		6.1.10. Recognises, evaluates and manages diabetic eye disease and refers accordingly.	PR I	<p>Recognises and names correctly the stage of diabetic eye disease</p> <p>Gives local referral route and the appropriate timescales for referral for the following diabetic retinopathies:</p> <p>Background/ Maculopathy/ Pre-proliferative/ Proliferative</p>	<ul style="list-style-type: none"> Patient with Diabetic eye disease
		6.1.11. Understands the treatment of a range of common ocular conditions.		<p>Demonstrates a basic understanding of the treatment regimes of cataract, AMD, glaucoma, diabetic eye disease and minor anterior eye problems</p> <p>Can discuss the treatment options for 2 of the above conditions</p>	

<p>6. Ocular Disease continued</p> <p><i>The ability to identify and manage ocular abnormalities</i></p>	<p>Continued</p> <p>6.1 The ability to manage patients presenting with eye disease, including sight threatening eye disease</p>	6.1.12. Evaluates and manages patients presenting with symptoms of retinal detachment.	PR	<p>Identifies, evaluates and investigates significant symptoms</p> <p>Assesses risk factors</p> <p>Carries out an appropriate eye examination, Manages the findings according to local protocol</p> <p>Additional Guidance</p> <p>Appropriate eye examination would include:</p> <ul style="list-style-type: none"> • Dilated funduscopy with BIO lens and slit lamp • Findings including negative/positive Shafer's sign recorded 	<ul style="list-style-type: none"> • Patient presenting with symptoms suggestive of retinal detachment
		6.1.13. Recognises ocular manifestations of systemic disease.	PR I	<p>Provides evidence of examining patients and recognising ocular manifestations of systemic disease in hypertension and diabetes</p> <p>Answers questions and recognises a range of ocular conditions from images provided by the assessor and relates these to the systemic disease</p>	<ul style="list-style-type: none"> • Patient with ocular manifestation of systemic disease other than diabetes
		6.1.14. Assesses symptoms and signs of neurological significance.	PR	<p>Assesses the relevant symptoms and signs</p> <p>Understands which signs/symptoms could relate to a neurological condition and the follow up information required to make a differential diagnosis</p> <p>Understands the significance and relative importance of the findings</p> <p>Manages appropriately</p>	<ul style="list-style-type: none"> • Patient presenting with an ocular symptom or sign suggestive of a neurological condition
		6.1.15. Recognises adverse ocular reactions to medication.	PR	<p>Shows awareness relating to sources of information of adverse reactions</p> <p>Provides evidence of the recognition of an adverse reaction to medication (systemic or topical)</p> <p>Identifies and/or lists the Ocular Adverse reactions to a range of common medications (systemic or topical)</p> <p>Describes the reporting scheme</p>	<ul style="list-style-type: none"> • Patient presenting with an adverse ocular reaction to topical or systemic medication

Evidence Types

DO = Direct Observation by Assessor of Patient Episode, PR = Examples of Patient Records, Log = Logbook signed by supervisor, ophthalmologist or hospital optometrist, WT=Witness Testimony, CS = Case Scenarios provided by Assessor, Q = questioning by assessor, FP = Field Plots, I=Images provided by assessor, PI=Prescription Interpretation, RL=Referral letter, RP=Role Play

Unit of Competency	Stage 2 Assessment	Stage 1 Assessment	Compulsory Evidence Type	Indicators	Patient Episode
<p>7. Assessment of Visual Function</p> <p><i>The ability to assess visual function in all patients</i></p>	<p>7.1 The ability to make appropriate prescribing and management decisions based on the refractive and ocular motor status</p>	<p>7.1.1. Refracts a range of patients with various optometric problems by appropriate objective and subjective means.</p>	<p>DO PR</p>	<p>Achieves accurate retinoscopy, and end point subjective results Near add and range appropriate to needs Uses appropriate methods of checking e.g. +1.00Ds blur and use of pin-hole Understands the relationship between vision and prescription and symptoms and prescription Additional Guidance Both accurate results and appropriate technique are required to pass the retinoscopy part of this element. Accurate results for retinoscopy within +/- 1.00 DS/DC (determined using a power cross) and axis appropriate to cylinder. Static fixation retinoscopy is the appropriate technique, but if a trainee prefers or needs to use one eye only then they would need to highlight this to the assessor and then must use a valid and appropriate technique for monocular viewing e.g. Barrett Method or Near Fixation retinoscopy. Accurate results for subjective within +/- 0.50 DS/DC (determined using a power cross) and axis appropriate to cylinder if patient VA 6/9 or better "Understands the relationship between vision and prescription and symptoms and prescription" would also be demonstrated through making an appropriate prescribing and management decisions based on the refractive and oculomotor status</p>	<ul style="list-style-type: none"> Record of a refraction of a hyperopic pre-presbyope Other sampled records to reflect range of experience
		<p>7.1.2. Uses appropriate diagnostic drugs to aid refraction.</p>	<p>PR</p>	<p>Understands the indications/contraindications/legal aspects for use and supply of cycloplegic drugs Carries out the procedure safely Interprets the results Appropriately records all aspects of the examination Additional Guidance "Safely" in cycloplegic refraction should include knowledge of possible OAR's to the cycloplegic drug and appropriate action</p>	<ul style="list-style-type: none"> One appropriate cycloplegic examination of a child patient

<p>7. Assessment of Visual Function continued</p> <p><i>The ability to assess visual function in all patients</i></p>	<p>Continued</p> <p>7.1 The ability to make appropriate prescribing and management decisions based on the refractive and ocular motor status</p>	7.1.3. Assesses children's visual function using appropriate techniques.	PR	<p>Uses a range of assessment strategies according to age and ability to include:</p> <ul style="list-style-type: none"> • Vision, OMB and Stereopsis <p>Knows the expected norms for different ages</p>	<ul style="list-style-type: none"> • Child patient 4 years or under
		7.1.4. Understands the techniques for assessment of vision in infants.	PR/WT	<p>Describes the use of vision testing equipment, for an infant under 2 years old, for example, preferential looking, optokinetic nystagmus</p>	<ul style="list-style-type: none"> • Child patient under 2 years (23/12 or less) seen in practice or HES. Can be an observed episode
		7.1.5. Assesses patients with impaired visual function and understands the use of specialist charts for distance and near vision, and the effects of lighting, contrast and glare.	PR	<p>Assesses vision and adapts refraction routine depending on circumstances, for example, age, amblyopia, visual impairment</p> <p>Is realistic in their expectations for patient</p> <p>Understands the use and scoring of specialist charts e.g. Peli Robson, LogMar to assess vision/VA and contrast sensitivity</p> <p>Understands the benefits of lighting and the adverse affects of lighting/glare</p>	<ul style="list-style-type: none"> • Patient with visual impairment (best corrected VA = or <6/18)
		7.1.6. Understands the special examination needs of patients with learning and other disabilities.	PR	<p>Recognises what range of patients have special examination needs</p> <p>Treats those with learning and other disabilities without prejudice in a courteous and sensitive manner and, in addition, have an ability to empathise with the patient.</p> <p>Demonstrates an awareness of the need to be flexible in their approach to the examination, amending and adapting techniques and communication appropriately.</p>	<ul style="list-style-type: none"> • Patient with physical or intellectual impairment
		7.1.7. Understands the special examination needs of patients with severe visual field defects.	CS	<p>Understands the different types of severe visual field defect and how to adapt examination technique to take them into account, in particular:</p> <ul style="list-style-type: none"> • Consideration of patient's mobility, • Adaptation of routine 	

Evidence Types

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Unit of Competency	Stage 2 Assessment	Stage 1 Assessment	Compulsory Evidence Type	Indicators	Patient Episode
<p>8. Assessment and Management of Binocular Vision</p> <p><i>The ability to assess and manage patients with anomalies of binocular vision</i></p>	<p>8.1 The ability to assess and make appropriate prescribing and management decisions based on the ocular motor status of the patient</p>	8.1.1. Assesses binocular status using objective and subjective means.	<p>DO</p> <p>PR</p>	<p>Takes a case history that covers patient history and symptoms relevant to binocular status only</p> <p>Undertakes objective tests using suitable targets, and assessing deviation accurately</p> <p>Undertakes subjective tests using suitable targets, as appropriate to patient</p> <p>Additional Guidance</p> <p>“Assessing the deviation accurately” should include.</p> <ul style="list-style-type: none"> • Direction of latent or manifest deviation • Speed of recovery • Size –small/moderate or large • Concomitant/Incomitant 	<ul style="list-style-type: none"> • From other sampled records
		8.1.2. Understands the management of patients with an anomaly of binocular vision.	<p>PR</p>	<p>Recognises which management option is appropriate dependant on presenting symptoms and history</p> <p>Demonstrates an understanding of the principles of different types of management including refractive, orthoptic, prismatic, surgery</p> <p>Is able to describe in detail the orthoptic exercises given</p>	<ul style="list-style-type: none"> • From other sampled records
		8.1.3. Investigates and manages adult patients presenting with heterophoria.	<p>PR</p>	<p>Relates OMB tests and symptoms and decides on appropriate management</p> <p>Evidences correct management including complete patient advice.</p> <p>Is able to discuss alternatives including prism, refraction, exercises and referral</p>	<ul style="list-style-type: none"> • Adult patient with symptomatic heterophoria
		8.1.4. Manages adult patients with heterotropia.	<p>PR</p>	<p>Identifies onset and type of tropia from appropriate questions during symptoms and history and appropriate clinical tests</p> <p>Demonstrates appropriate management of different types and onsets of tropia</p> <p>Understands treatment options including potential benefits/limitations of squint surgery</p> <p>Gives advice to patient about their condition and possible effect on lifestyle e.g. driving</p>	<ul style="list-style-type: none"> • Adult patient with heterotropia

<p>8. Assessment and Management of Binocular Vision <i>continued</i></p> <p><i>The ability to assess and manage patients with anomalies of binocular vision</i></p>	<p>Continued</p> <p>8.1 The ability to assess and make appropriate prescribing and management decisions based on the ocular motor status of the patient</p>	8.1.5. Manages children at risk of developing an anomaly of binocular vision.	PR	<p>Identifies signs and symptoms in relation to personal/family history</p> <p>Understands/administers and interprets appropriate examination procedures with respect to age and developmental ability</p> <p>Provides appropriate management of the child</p>	<ul style="list-style-type: none"> • Child 7 years or under at risk of developing an anomaly of binocular vision
		8.1.6. Manages children presenting with an anomaly of binocular vision.	PR	<p>Identifies and manages significant heterophoria or strabismus in children</p> <p>Demonstrate knowledge of possible orthoptic treatment at hospital</p> <p>Demonstrates knowledge of hospital waiting list times locally</p>	<ul style="list-style-type: none"> • Child 7 years or under with an anomaly of binocular vision
		8.1.7. Manages patients presenting with an incomitant deviation.	PR/WT	<p>Carries out and interprets motility and cover test results.</p> <p>Takes and interprets History and Symptoms</p> <p>Recognises that additional tests are required and interprets the results.</p> <p>Appropriately manages the condition</p> <p>Understands the musculature involved</p>	<ul style="list-style-type: none"> • Patient with incomitancy seen in practice or HES.