



THE COLLEGE OF
OPTOMETRISTS

Supervising for Success

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Supervising for success

Being a supervisor is a rewarding role. It means you are contributing to the development of the next generation of the profession and guiding them to become the most professional optometrist they can be. By helping others develop it can evolve your own knowledge base and mentoring skills.

You may feel that to be a successful supervisor you must know everything so that you can answer any questions your trainee might have or that you need to dedicate lots of time to teaching your trainee.

In fact, this is not the case, no optometrist knows everything and there is not time to teach your trainee everything. Successful supervision is therefore about guiding and developing skills within your trainee that will allow them to recognise and work within their level of competence and to reflect on and action any areas that need development. This ultimately leads to a professional optometrist who is then safe enough to be able to work without the need for supervision.

The aim of this guide is to help you develop and enhance your supervision skills and abilities. It includes:

- a guide to the responsibilities of a supervisor within the General Optical Council's Standards of Practice for Optometrists and Dispensing Opticians
- an introduction to the Supervisor Competency Framework
- the skills that are demonstrated by successful supervisors
- the tools the College provides to help you make a success of your trainee's pre-registration training
- things to consider before your trainee starts:
 - induction
 - challenging areas of experience.

When embarking on the role of a supervisor it is important to take some time to reflect on your own abilities and facilities to consider:

- what are your own strengths and areas of expertise?
- what are the areas of optometry in which you feel less confident?
- within your practice, which are the competency areas where your trainee will get lots of experience?
- within your practice, which are the competency areas where it will be more difficult for your trainee to get experience?
- within your practice who else has experience that could help support your trainee?
- what local links do you have that could help deal with those more difficult areas?

GOC Standards of Practice

With the introduction of the Standards of Practice for Optometrists and Dispensing Opticians the GOC has provided further clarification of what is expected when undertaking supervision of delegated tasks within optometry. This is covered in section 9 of the standards.

We have included this standard below but it is important to realise that within the scope of pre-registration trainees it does not add any further responsibilities than were already present.

9. Ensure that supervision is undertaken appropriately and complies with the law

This applies to supervision of pre-registration trainees and unregistered colleagues undertaking delegated activities.

The responsibility to ensure that supervision does not compromise patient care and safety is shared between the supervisor and those being supervised. Adequate supervision requires you to:

- 9.1 Be sufficiently qualified and experienced to undertake the functions you are supervising
- 9.2 Only delegate to those who have appropriate qualifications, knowledge or skills to perform the delegated activity
- 9.3 Be on the premises, in a position to oversee the work undertaken and ready to intervene if necessary in order to protect patients
- 9.4 Retain clinical responsibility for the patient. When delegating you retain responsibility for the delegated task and for ensuring that it has been performed to the appropriate standard
- 9.5 Take all reasonable steps to prevent harm to patients arising from the actions of those being supervised
- 9.6 Comply with all legal requirements governing the activity.
- 9.7 Ensure that details of those being supervised or performing delegated activities are recorded on the patient record.

The College has created a Supervisor Competency Framework to support you in meeting these standards. It will help you to fulfil your responsibilities and provide for a successful pre-registration training period. It describes in further detail the attributes of a successful supervisor.

This guide includes examples of the skills, tools and practical application of these competencies to the pre-registration period so that you can be an effective supervisor.

Supervisor Competency Model

This model is flexible to meet the needs of supervisors across the whole supervisor population. There are four competency areas:

1. Demonstrates and applies knowledge of Scheme for Registration and GOC Standards of Practice relating to supervision
2. Plans and delivers the overall experience for the trainee
3. Provides competent supervision of the trainee on a day-to-day basis
4. Supports the trainee in their assessment and examination preparation.

Use the table below to decide which areas of the framework are relevant to your role in the supervision of trainees in the Scheme for Registration.

Supervisor Competency Model	
Your role in supervision of a pre-registration optometrist	Areas of competence you should aim to cover
Principal supervisor	Groups 1, 2, 3 and 4
Joint principal supervisor where each supervisor has equal responsibility for the trainee	Groups 1, 2, 3 and 4
Additional supervisor where you take responsibility for only the day-to-day supervision of the trainee or for certain days or tasks	Groups 1 and 3

Supervisor Competency Model

In a similar way to the framework used for assessing trainees in the Scheme for Registration, these competencies outline the behaviours that constitute competent supervision of a trainee.

This framework also contains development suggestions and tools to support you in your learning.

Over-arching Competency	Competency Element	Indicators	Development Tools
1. Demonstrates and applies knowledge of Scheme for Registration and GOC Standards of Practice relating to supervision	1.1 Understands what is required to ensure the safety of the patient	<ul style="list-style-type: none"> Understands and applies the GOC Standards of Practice in relation to supervision (GOC Standard 9) Understands and applies the College Guidance for Professional Practice and Clinical Management Guidelines Understands and applies local NHS requirements Understands and applies referral criteria and protocols to include both local and national pathways. 	<ul style="list-style-type: none"> Scheme for Registration Guidance GOC Standards of Practice NHS guidelines for primary eye care: <ul style="list-style-type: none"> England: LOCSU - Support services for Local Optical Committees (LOCs) Wales: Eye Care Services - Professionals Scotland: Primary care services Northern Ireland: Ophthalmic Services Supervisor training online course ethical case scenarios related to supervision requirements discussed as part of Stage One visit one peer review.
	1.2 Understands the Scheme for Registration requirements	<ul style="list-style-type: none"> Knows and complies with the rules of supervision in relation to: <ul style="list-style-type: none"> supervisor's undertaking sharing trainee with other supervising colleagues consulting room time HES experience requirements time required for supervision and giving feedback. 	<ul style="list-style-type: none"> Supervision on the Scheme Supervisor training online course Scheme for Registration Guidance.

Over-arching Competency	Competency Element	Indicators	Development Tools
1. Demonstrates and applies knowledge of Scheme for Registration and GOC Standards of Practice relating to supervision (continued)	1.3 Understands the Scheme for Registration processes	<ul style="list-style-type: none"> • Understands the content of the assessment framework • Understands the assessment methods and processes for Stages One, Stage Two and the OSCE • Understands the range and type of experience that is necessary for trainees to meet the requirements of the Scheme for Registration. 	<ul style="list-style-type: none"> • Supervisor training online course • Scheme for Registration Guidance.

Over-arching Competency	Competency Element	Indicators	Development Tools
2. Plans and delivers the overall experience for the trainee	2.1 Ensures the trainee gains the required experience	<ul style="list-style-type: none"> • Ensures that the trainee has a suitable induction, including what's expected in the placement, the learning opportunities available and the trainee's learning needs • Observes the trainee with patients: <ul style="list-style-type: none"> ○ before the first eye examination and on a monthly basis thereafter ○ before the first contact lens appointment and on a monthly basis thereafter ○ before the first use of new skill on a patient • Understands the demographics of the practice and is able to determine whether the practice can provide the trainee with the range of patient episodes necessary to fulfil the Scheme for Registration • Is aware of and uses local resources to ensure that the trainee gains the necessary clinical experience eg: <ul style="list-style-type: none"> ○ low vision ○ contact lens experience ○ hospital ○ dispensing experience ○ shared care, remote consultations etc • Sets and agrees realistic expectations of the trainee at all stages including minimum and maximum numbers of patient encounters • Manages all supervision arrangements for the trainee, including the safe, appropriate input of additional supervisors • Ensures that all practice staff involved in the training understand the role of the trainee and requirements of the Scheme for Registration including the experience required by the trainee 	<ul style="list-style-type: none"> • Daily workloads and monthly targets covered in Supervisor training online course • Eye exam observation template • CL fit observation template • CL aftercare observation template • Record card audit document • SfR assessment framework for each visit • Local Optical Committee contacts • Protected supervision time • Supervisor training links from your company or NHS Trust.

Over-arching Competency	Competency Element	Indicators	Development Tools
2. Plans and delivers the overall experience for the trainee (continued)	2.1 Ensures the trainee gains the required experience	<ul style="list-style-type: none"> Ensures that the trainee has the opportunity to discuss issues and problems and to comment on the quality of training and supervision provided Understands and manages the needs of stakeholders such as store directors, managers and head office. 	
	2.2 Puts processes in place to ensure safety of the patient	<ul style="list-style-type: none"> Ensures a process is put in place for checking the trainee's patients/records before every patient leaves the practice Ensures that all practice staff understand the changing abilities of the trainee over time and the level of supervision and workload required at each stage Ensures that the trainee is never put in a situation where they are asked to work beyond their competence or work without appropriate support and supervision Investigates and takes appropriate steps to protect patients where there are serious concerns about the trainee's performance, health or conduct Understands own limitations of clinical competence and puts plan in place to ensure adequate support and supervision of the trainee in these areas Puts process in place to ensure the safety of all patients seen by trainee. 	<ul style="list-style-type: none"> Supervisor training online course Guidance on clinical and professional practice.
	2.3 Monitors trainee progress against the Assessment Framework requirements	<ul style="list-style-type: none"> Demonstrates an understanding of what is acceptable progress in the Scheme for Registration eg clinical experience and competency achievement milestones Undertakes monthly reviews of the trainee's progress against the indicators and experience requirements and records the results 	<ul style="list-style-type: none"> SfR assessment framework documents for each visit Eye examination observation template CL fit observation template

Over-arching Competency	Competency Element	Indicators	Development Tools
2. Plans and delivers the overall experience for the trainee (continued)	2.3 Monitors trainee progress against the Assessment Framework requirements	<ul style="list-style-type: none"> • Discusses one case from each HES placement day or HES online module and compares and contrasts primary care management • Or alternatively for a trainee based in the HES, one case from each primary care placement day and contrasts HES management • Observes a complete sight test, dispensing episode and contact lens appointment on a minimum basis of once per month. 	<ul style="list-style-type: none"> • CL aftercare observation template.

Over-arching Competency	Competency Element	Indicators	Development Tools
3. Provides competent supervision of the trainee on a day-to-day basis	3.1 Retains clinical accountability for the patient and ensures that patient interactions have been performed to an appropriate standard	<ul style="list-style-type: none"> • Is on the premises for all patient interactions, in a position to oversee the work undertaken and ready to intervene if necessary in order to protect patients • Looks at every record before the patient leaves the practice • Ensures that the details of the supervisor and trainee are recorded on the patient record • Observes the trainee on a minimum basis of once per month (as per competency element 2.3) prior to monthly review • Ensures that the trainee has the competence to perform the delegated activity • Is sufficiently qualified, experienced and capable to undertake the functions being supervised. 	<ul style="list-style-type: none"> • Delegation and record keeping guidance • Moving on with supervision online course • Eye examination observation template • CL fit observation template • CL aftercare observation template • self-assessment against the assessment framework document in SfR • Plan your learning action plan template
	3.2 Provides learning opportunities through day-to-day supervision	<ul style="list-style-type: none"> • Reads every record and questions salient issues to understand and improve trainee's clinical abilities • Undertakes a daily Review of each days' clinic/ patients with trainee to encourage reflection • Works with the trainee when writing referral letters and increases trainee knowledge of local pathways 	<ul style="list-style-type: none"> • Online learning: <ul style="list-style-type: none"> ○ Creating a personal development plan ○ Plan your learning ○ Getting referrals right.

Over-arching Competency	Competency Element	Indicators	Development Tools
3. Provides competent supervision of the trainee on a day-to-day basis (continued)	3.2 Provides learning opportunities through day-to-day supervision	<ul style="list-style-type: none"> Allows the trainee to observe the supervisor on regular monthly basis to support development of communication skills and clinical decision making Coaches the trainee in clinical skills and decision making. 	
	3.3 Leads by example	<ul style="list-style-type: none"> Demonstrates the GOC Standards of Practice at all times Adheres to the College Guidance for Professional Practice and the Clinical Management Guidelines Is prepared and organised in their day-to-day work and in their supervision of the trainee by having protected time in the day for reflection and feedback to ensure that all reasonable steps are taken to protect the patient Demonstrates and encourages a commitment to CPD Maintains a good dialogue and working relationship with the trainee and employs a collaborative approach to supporting the trainee Demonstrates a recognition of own limitations of clinical competence. 	<ul style="list-style-type: none"> GOC standards of practice self-assessment against SfR assessment framework College Clinical Management Guidelines College online learning DOCET online learning.
	3.4 Provides regular feedback and agrees actions to support the development of the trainee	<ul style="list-style-type: none"> Shows the ability to observe the trainee and accurately record salient aspects to give feedback to the trainee Shows the ability to use an acknowledged feedback framework with the trainee Encourages self-assessment and reflective learning in the trainee, supporting them with their reflective portfolio Agrees specific action plans with the trainee following day-to-day supervision, feedback or self-assessment. 	<ul style="list-style-type: none"> Creating a personal development plan and SMART goals Reflective learning portfolio template.

Over-arching competency	Competency Element	Indicators	Development Tools
4. Supports the trainee in their assessment and examination preparation	4.1 Reviews the evidence the trainee wants to present at Stage One and Stage Two assessments	<ul style="list-style-type: none"> • Encourages the trainee to plan and prepare evidence in advance of the visit date • Ensures that any records which need anonymising for assessment are suitably anonymised in advance of any remote visits • Reviews with the trainee feedback or action plans agreed at previous assessment • Reviews each record offered for assessment before the visit and discusses these records with the trainee prior to the visit. Allows trainee to practice trainee case discussions when presenting a record • Supports the trainee by providing time for witness testimonies where they are needed for clinical skills in advance of assessment visits • Supports the trainee by providing time for writing reflective accounts where they are needed prior to an assessment visit • Observes and appraises the trainee's clinical skills relevant to the assessment before the visit • Reviews the trainee logbook prior to each assessment visit to ensure correct and accurate completion • Confirms that all requests for data by assessor prior to visits have been sent on time • Is available to take part in feedback session following each Stage One Assessment. 	<ul style="list-style-type: none"> • Guidance on clinical and professional practice • DOCET online learning • Clinical Management Guidelines.

Over-arching competency	Competency Element	Indicators	Development Tools
4. Supports the trainee in their assessment and examination preparation (continued)	4.2 Supports the trainee in their OSCE preparation	<ul style="list-style-type: none"> • Continues to actively supervise, observe and review records to ensure maintenance of competence • Listens to and then advises the trainee taking a history and symptoms for a variety of different scenarios eg red eye, sudden loss of vision • Listens to and then advises the trainee informing the patient of a management plan for different conditions eg cataract, glaucoma • Guides the trainee to reliable resources for revision and preparation for taking the OSCE • Encourages the trainee to attend a relevant course if they are not familiar with OSCE assessment format from university • Challenge the trainee's thinking and justification for the clinical procedures carried out and patient management decisions. 	<ul style="list-style-type: none"> • Clinical Management Guidelines • Guidance on clinical and professional practice • Moving on with supervision • Preparing for the OSCE.
	4.3 Considers and encourages other methods of preparation	<ul style="list-style-type: none"> • Encourages the trainee to attend relevant courses and reviews the associated learning outcomes with the trainee to support their development • Provides extra support and gives guidance around common weaknesses or problem areas encountered by trainees: <ul style="list-style-type: none"> ○ in Stage One of the work-based assessment in relation to those areas where experience may be limited 	<ul style="list-style-type: none"> • Eye examination observation template • CL fit observation template • CL aftercare observation template • Effective history taking: how to guide the conversation online course • DOCET Communication Skills online course.

Over-arching competency	Competency Element	Indicators	Development Tools
4. Supports the trainee in their assessment and examination preparation (continued)	4.3 Considers and encourages other methods of preparation	<ul style="list-style-type: none"> ○ in Stage Two of the work-based assessment where maintenance of competence may be an issue due to over-reliance on autorefractor results and fundus camera images, ensures that the trainee has maintained competence in the relevant areas eg retinoscopy and ophthalmoscopy skills (both direct and indirect) for the OSCE, application of knowledge to meet various patient needs, and appropriate patient communication methods. 	

In the following section, we have some examples of the skills, tools and practical application of these competencies in your role as a supervisor during the pre-registration period.

Before your trainee begins

Consider the areas of experience your practice can provide. Are there any areas that you may struggle to cover? For example, some practices in central city areas may find it harder to provide a range of older patients and hence reduced pathology. What can you do to address this?

Put together a suitable induction plan for your trainee in your practice. If your organisation provides an induction at a central location, satisfy yourself that this covers the specific requirements of your working environment. Often these inductions are introductions to the Scheme for Registration and may not cover the specific requirements for your practice or look at the practical ability of your trainee.

Make your support staff aware of the role of a pre-registration optometrist and how they will need to treat them differently from registered optometrists. You could consider the areas listed on the following page, or even print out and provide it to your practice staff as a checklist to help their understanding of the trainee's role.

Key facts before your trainee starts

Question	Answer
What is a pre-registration optometrist?	A pre-registration optometrist is in training to become a qualified optometrist and they can only work under the supervision of another optometrist.
Who can supervise them?	Every pre-registration optometrist has registered supervisor(s) who take(s) responsibility for the patients they see. Check here for supervision types and eligibility criteria.
What experience has the pre-registration optometrist had to date?	They have a degree in optometry and will have seen some patients during their university training. The purpose of the placement is to provide them with experience. The trainee may have already worked in practice as a support member of staff.
What experience will they need?	They need to see a broad range of patients of all ages; patients who wear and do not wear contact lenses; patients with normal vision and those with eye disease or poor vision and those who require dispensing.
How long will it take them to complete a sight test when they start?	Probably an hour or even a little longer and all their work needs to be checked by their supervisor; checking time for the supervisor needs to be included in the clinic schedule. During the pandemic the trainee might only complete part of the eye examination and then handover the patient to the supervisor to minimise patient contact time.
What do I need to tell the patients about them?	Tell them they are a pre-registration optometrist working under your supervision.
Who are the best patients to book initially for the trainees?	The trainee should start with routine adult patients who do not have complex ocular or general health issues.
If the supervisor is away, who is allowed to supervise them?	Ideally the trainee will book their holiday for the same time, but if not, the trainee should be supervised by an additional supervisor who meets the College's supervision requirements and has been signed off by you in the trainee's handbook.

Question	Answer
How many appointments can we book for them, and will this change?	At first book only a maximum of four patients a day. This will be reviewed on a regular basis throughout the training period but will never amount to more than 12 patients and that would be towards the end of their training.
How long will it take them to qualify?	Usually around 12-15 months but it can be up to two years and three months.
Can they sign their own sight test forms?	No, this should be done by the supervisor as they are responsible for the patient.
Can they sign their own referral letters?	No, this should be done by the supervisor because they are responsible for the patient.

When your trainee begins

An induction to your workplace is important to establish the right relationship with your trainee. Discuss and agree realistic expectations of each other from the outset. Use the College's templates, plans and checklists to help you:

- [Stage One downloads](#)
- [Stage Two downloads](#)
- [OSCE downloads](#).

It is also useful to go through the current situation with the hospital (or practice) placement and consider if any action needs to be taken imminently to ensure that it can take place in a timely fashion. The trainee may be completing the College virtual HES placement.

At the end of the induction have a review to check everything has been covered. It is important to check and discuss the following with your trainee:

- scheme requirements have been read and understood
- College logbook has been successfully downloaded and trainee has begun completing the logbook accurately
- optometry in general in your area
- specifics relating to your work environment
- the standards you expect including practice data protection/GDPR
- your trainee's perceived strengths and areas for development
- your trainee expectations and how you will support them
- it is useful to agree a timetable of when and how you will review their performance.

Supervision skills

Some of the key skills needed for successful supervision include being able to:

- observe and give feedback
- create effective action plans
- perform reviews
- effectively assess patient records.

The following provides you with some starting points on these key skills.

Observe your trainee

Regular observation of your trainee will help you to have more confidence in your trainee's abilities. While observation of full eye examinations and contact lens appointments is essential (a minimum of once per month) it can also be beneficial to watch parts of examinations if there are areas of concern, or to sample the trainee's work, to ensure they are maintaining their standards throughout the period.

Performing the observations

Any observation you do of your trainee will be useful, however one of the aims of it is to help them prepare for their assessments. Use the College observation templates to keep track of the observation and relate it to what they will be assessed against in the Scheme for Registration. The templates include space to make notes, the relevant indicators for the skills being observed and space for you to summarise your feedback and the agreed action plan with your trainee.

Find the following observation templates in the [Key documents section of Supervisor training](#):

- Eye examination
- Contact Lens aftercare
- Contact Lens fitting
- Dispensing.

The templates are also [available here](#) on the College website.

Give feedback

Giving feedback is an essential part of supervision. You should deliver it in a timely manner, following direct observation of your trainee.

Your trainee will be understandably nervous during the observation and will want to impress you. Particularly early on, they might focus on small details which you may feel are not that significant. You will also have comments that you think the trainee might benefit from. It is important to ensure that you do not overwhelm the trainee by giving too much feedback at once because it might lose its impact.

Plan what you want to say to the trainee and consider the following:

- take a few moments to look at the things you wish to address and see if they form one of any key themes eg knowledge, record keeping, practical skills or communication to avoid a long list of comments
- do you need to give all the information verbally? Written feedback on the observation template can help support anything you say and allows the trainee to reflect and come back to it later
- before giving your feedback, you should get your trainee to talk first so that it becomes a discussion rather than just you telling them what they did wrong. Ask your trainee: "How do you think that went?" to start the conversation. They then can share their thoughts and be more receptive to what you have to say. Additionally, they may have already identified weaker areas and so you can then prioritise what you say to cover other areas.

This approach will also encourage them to become more a **reflective** practitioner which will aid them in their future careers.

- trainees may concentrate on what they did not do well so highlight areas where they have performed well and where they have improved since the last observation. This will allow your trainee to recognise their development throughout the training and stay motivated.

Towards the end of the feedback session or the review agree some actions to address the areas for development. You can find a template for Overall Summary of Performance (reflective learning) in the [Key documents section of Supervisor training](#).

Create effective action plans

The Scheme for Registration can be daunting for trainees due to the length of time it takes to gain the required experience and to successfully pass through all the stages of assessment. To support your trainee's development and keep them motivated the use of SMART action plans is essential.

SMART stands for:

- S – Specific
- M – Measurable
- A – Agreed
- R – Realistic
- T – Timebound.

The concept of SMART action plans is simple, some examples of how to implement them follow.

After observation you may feel the trainee's ability to perform Volk for example requires improvement and that the plan is to, "get better at Volk with more practice". However, without making this plan SMART then neither you nor the trainee will be able to ascertain whether it has been achieved.

How could you make this SMART?

"Review Volk technique with supervisor under observation within next two weeks. Trainee will perform Volk on support staff and then all patients under 30 and/or those dilated for the next two weeks. Supervisor will observe trainee to ensure that they are competent in Volk technique within next month. If not, the above process to be repeated."

Specific – The trainee will be observed, practice on staff and then patients under 30.

Measurable – The practice element can be checked on clinical records through reviewing the technique used in each case.

Agreed – By involving your trainee in this discussion it will be an agreed action.

Realistic – By practising first and then practising on younger patients, who will be likely to have a larger pupil size, it is realistic that the trainee will be successful at the technique.

Timebound – Two weeks would be a suitable timescale for the trainee to gain confidence in the technique. One month would be a realistic timescale to ensure they have embedded a competent technique.

When trainees achieve their action plans it increases their confidence and motivation.

Perform reviews

Within the Scheme for Registration there several ways that a review might take place, and these can be short and efficient.

They might include:

- a 5-10 min chat at the end of the day to see how things have gone and to address any questions from the day
- a monthly review against the upcoming elements of competence using the records the trainee has selected to show the assessor as evidence. This will help the trainee select and practice presenting their records as they would to their assessor. This also gives you the opportunity to review the records before the assessor sees them
- a more formalised follow-up review from previous action plans.

How to do a review, monthly scores and reviewing general progress

As a supervisor, when performing any monthly or follow-up reviews, you should make it clear to your trainee that they need to prepare and have all information to hand so that the review can be useful.

Monthly review

Tool: The College framework document for each visit provides a template for you to discuss the upcoming elements to be assessed at the next visit with your trainee. An example of the scoring method you should use along with one of the elements usually assessed during visit one is below:

Key:

Level 0 – trainee has had no experience in this area

Level 1 – trainee demonstrates little understanding of the requirements for this area of practice and completes tasks only with detailed guidance from supervisor

Level 2 – trainee demonstrates basic understanding of the requirements for this area of practice and is able to complete some tasks without detailed guidance

Level 3 – trainee demonstrates safe understanding and ability in this area of practice, occasionally checking with others if uncertain.

Unit of competence 3

Methods of ocular examination

Level

		Level
3.1.1	Uses instruments to measure corneal curvature and assess its regularity	

In this example of keratometry, the framework indicators are found in the visit one assessment framework of the Scheme Guidance and are as follows:

Stage One Assessment	Compulsory evidence type	Indicators
3.1.1 Uses instruments to measure corneal curvature and assess its regularity.	WT	<ul style="list-style-type: none"> • Uses instruments to accurately measure, assess and record the corneal curvature and regularity • Correctly interprets the information gathered • Additional guidance • Choice of instrumentation could include: <ul style="list-style-type: none"> ○ manual or automated keratometer ○ topographer • Accurate results to within +/-0.10mm radius.

In determining the review score for each element, you should inform your decision by:

- referring to the competency framework indicators
- observations of your trainee
- discussion during the review.

TIP: It can be useful to ask your trainee to grade themselves prior to the review so that you can prioritise your discussion on the areas where the scorings differ and work out a suitable plan for development to overcome identified shortcomings.

Here is a situation you may experience:

Example

	Competency	Score	Reason
3.1.6	Uses both a noncontact and contact tonometer to measure intraocular pressure and analyses and interprets the results.	0	Not started using in practice yet.
8.1.3	Investigates and manages adult patients presenting with heterophoria.	1	Not confident in the principles behind management.

At this stage, the element relating to tonometry (3.1.6) may involve a more practical approach to planning with the trainee:

- observing you/or another qualified colleague carrying out contact tonometry
- practising on staff with you observing
- carrying out the procedure on relevant patients with you checking results.

Whereas with element 8.1.3 the concern covered in the action plan may involve the trainee spending some time reading up on the background and presenting their findings to you at a later point. It may not be appropriate to have the follow-up at the next monthly meeting and so an earlier follow-up review may be needed.

Follow-up review

A follow-up review will consist of these points:

- Have the action plans been implemented and achieved?
- If not, what have been the barriers?
- Does the plan need to be altered to make it more realistic? For example, would it be advisable to change the timescale?
- If plans have not been met, then it is important the solution is generated by the trainee to give the best chance of improvement.

TIP: Once a review is completed then you should encourage your trainee to complete a reflection episode and enter the details of the episode into their logbook to help consolidate understanding.

Effectively assess patient records

Trainees show a number of patient records to their assessor throughout Stage One assessment visits and good supervisors will review the records that a trainee intends to submit to give feedback on their suitability.

When a trainee selects a patient record, they often find it challenging to appraise their work objectively and decide if it is a suitable example for that element of competence. With your optometry experience you are well placed to consider:

- Have all the relevant tests been performed?
- Does the information recorded demonstrate appropriate record keeping?
- Could the signs and symptoms recorded be explained by any other condition?
- Have all the necessary tests been performed to confirm the provisional diagnosis and exclude other options?
- How might the signs and symptoms have been different to give an alternative management decision?

It is recommended that you approach assessing records early in the preparation for visit two so that over time your trainee develops these skills for themselves.

Worked example

The element of competence the trainee is preparing evidence for is 3.1.10:

Stage One element of competence	Indicators	Patient episode
3.1.10 Uses diagnostic drugs to aid ocular examination.	<ul style="list-style-type: none"> • 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. 	Patient where mydriasis or local anaesthesia was indicated and carried out.

The patient record the trainee has selected is of an elderly patient with diabetes who has lens opacities. The record demonstrates that the trainee has:

- dilated the patient to gain an adequate view of the fundus
- recorded some of the pre and post dilation checks (IOPs only, but they did not assess the anterior chamber angles pre-dilation)
- recorded the drug used, batch number and expiry date
- recorded all the salient ocular health features including the lens opacity and background diabetic eye disease
- recorded the advice given to the patient post dilation
- advised and recorded a recall date.

The record also shows that the trainee has taken the appropriate remedial action eg notified GP of outcome and referred as appropriate (relevant paperwork is included with the record).

Questions to the trainee with possible answers

How is this patient record pertinent to the element of competence that you are preparing evidence for?

The dilated patient has diabetes.

What does it show and what did you do?

It shows that the trainee has:

- *selected an appropriate drug for mydriasis*
- *taken one of the appropriate safeguards pre and post instillation by measuring and recording the IOPs*
- *omitted to check the anterior angles pre-dilation to assess angle closure risk*
- *recorded all the relevant information required by the College guidelines*
- *sent a notification letter to the GP following the examination*
- *advised an appropriate recall date.*

“What if” questions to further investigate other aspects of the performance indicators

- What if.... you had measured the patient’s anterior chamber angles prior to instillation of the drops and found them to be Van Herick grade 2. Would you still dilate the patient? If not, why not?
- What if...you had checked the patient’s IOPs pre- and post-dilation and found that the IOPs had gone up by 4mmHg, what would you do?

TIP: Once a week pick a record of a patient your trainee has seen and ask them to justify their management decisions. Ask them to suggest other options they considered.

Assessment timeline – Scheme for Registration



Summary of assessments

Expand and check the relevant sections on [this page](#) to find details of generic plans for each assessment visit. A summary is given below:

Stage One visit one – 4-6 weeks after enrolment - remote	
Number of elements	12
Time of Assessment	1.5 hours - includes 20 mins of feedback from the assessor

Stage One visit two – usually 4 months after enrolment - remote	
Number of elements	33
Time of Assessment	3.5 hours and a 15-minute break includes 30 mins of feedback from the assessor

Stage One visit three– usually 6 months after enrolment	
Number of elements	30
Time of assessment	4 hours - includes 30 mins of feedback from the assessor
Practical elements assessed	Presbyopic eye examination, soft fit, direct ophthalmoscopy Volk contact tonometry (Perkins or Goldmann)

Stage One visit four – typically 1 month after visit three	
Time of assessment	3.5 hours maximum
This visit is designed to mop up any outstanding elements. Most trainees will need visit four. The timing of this visit will depend on what needs to be assessed and whether the trainee still has outstanding areas of experience to address.	

Stage Two – 6-7 weeks after sign-off from Stage one	
Time of assessment OA	2 hours
Time of assessment DO	Up to 2 hours
Elements assessed	Presbyopic eye examination Soft contact lens aftercare and C/lens fitting assessment

Observed Structured Clinical Examination (OSCE)	
16 five-minute station exams sampling the elements assessed in Stages One and Two.	

Common challenges

Every placement is different as well as every trainee, however within the Scheme for Registration there are some common areas where trainees can face challenges, which may either be due to placement limitations or trainee confidence.

Community placements:

- RGP's
- contact tonometry
- investigation and management of binocular vision anomalies
- low vision.

Hospital eye service placements:

- cataract referrals
- suspect glaucoma referrals
- soft contact lens experience, especially multifocals
- latest dispensing lens technology
- having a 'flow' to an eye examination that includes health assessment and refraction together.

These are all challenging areas and trainees will often put off addressing them until later in the pre-registration period when they feel they have more confidence and experience. This can result in 9-12 months elapsing since the trainee last attempted these techniques. We recommend you ensure your trainee starts to address these areas two months after their start date to allow them to develop their skills.

Conclusion

This guide has aimed to help you develop key supervision knowledge and skills. You should now have a better understanding of:

- your responsibilities in relation to the General Optical Council's Standards of Practice for Optometrists and Dispensing Opticians
- the four competency areas for supervisors
- skills to enable you to be successful in your supervision
- how to create action plans and give feedback
- some of the challenges to look out for
- where to find the tools to plan for your trainee's induction and to support them throughout their training and assessment.

Support from the College is always available.

Email: education.help@college-optometrists.org.