



THE COLLEGE OF  
OPTOMETRISTS

## Scheme for Registration Assessment framework – Visit 2 Supervisor training review scores and monthly summary

Trainee name

This form is to be completed by the trainee and a copy given to assessor at Visit 1. To ensure that the assessor has all the relevant information required to prepare for the assessment, please complete the final column on each page with your most recent supervisor review score for that element of competence. Also ensure that you have completed the final page of the report detailing all your totals for eye examinations and dispensing etc. Please consult the notes below before filling in the form.

<b>Unit of competence 1. Communication</b> – 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					
<b>Elements of competence</b>	<b>Compulsory evidence type</b>	<b>Indicators</b>	<b>Patient episode</b>	<b>Identifiers</b>	<b>Supervisor training review score</b>
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, eg not interrupting and then summarising and checking understanding.	patient with family history of glaucoma.	PR _____	
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.	hypermetropic myopic, astigmatic or presbyopic patient presenting with headache.	PR _____	

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.	patient with symptomatic cataract.	PR _____	
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"> <li>• medication, control, disease duration.</li> </ul> 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.	patient taking medication for systemic disease ,eg cardio – vascular, diabetes.	PR _____	
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.	at least one patient with symptomatic cataract.	PR _____	
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.	Patient where communication with another appropriate person involved in their care is required.	PR _____	

<b>Unit of competence 2. Professional conduct</b> – The ability to comply with the legal, ethical and professional aspects of practice					
<b>Stage 1 Elements of competence</b>	<b>Compulsory evidence type</b>	<b>Indicators</b>	<b>Patient episode</b>	<b>Identifier</b>	<b>Supervisor training review score</b>
2.1.1 Adheres to health and safety policies in the practice including the ability to implement appropriate measures for infection control.	DO	<p>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.</p> <p>Demonstrates appropriate personal hygiene, cleanliness of the practice, hygiene relating to instrumentation, contact lenses, disposal of clinical waste etc.</p> <p><b>Additional guidance</b></p> <p>Hygiene includes both personal hygiene and the environment.</p> <p>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.</p> <p>Personal – appropriate use of hand-washing/gels/towels and tissues.</p>			

2.1.3 Shows respect for all patients.	DO CS	Recognises and takes into consideration patient's specific needs and requirements, eg cultural diversity or religious belief. <b>Additional guidance</b> In all cases the trainee should: <ul style="list-style-type: none"> <li>• involve patients in their decisions and advice</li> <li>• gain consent VCG</li> <li>• ensure the patient is comfortable</li> <li>• show interest, courtesy and respect</li> <li>• be aware of how the patient is reacting to them</li> <li>• show respect for the patient's personal space.</li> </ul>			
2.2.4 Creates and keeps full, clear, accurate and contemporaneous records.	DO PR	Is able to produce records which are legible and contain all relevant patient details, measurements, results and advice. <b>Additional guidance</b> 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 supervisor signature.	All records sampled.	PR _____	
2.2.5. Interprets and responds to existing records.	PR	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: <ul style="list-style-type: none"> <li>• refractive change/ocular status</li> <li>• clinical findings, for example, reduced VA</li> <li>• previous form of optical correction.</li> </ul>	Patient where a clinical management decision has been made based on previous records.	PR _____	

<b>Unit of competence 3. Methods of ocular examination – The ability to perform an examination of the eye and related structures</b>					
<b>Stage 1 Elements of competence</b>	<b>Compulsory evidence type</b>	<b>Indicators</b>	<b>Patient episode</b>	<b>Identifier</b>	<b>Supervisor training review score</b>
3.1.2 Uses a slit lamp to examine the external eye and related structures.	DO PR	Demonstrates an understanding of 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.	One CL related record where slit lamp was used. One non-CL related record where slit lamp was used.	PR _____  PR _____	
3.1.3 Examines the fundi using both direct and indirect techniques.	DO PR	Uses a technique which allows an appropriate view of the fundus, including thorough and systematic scanning. Demonstrates a safe technique. Detects significant lesions. 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 eight positions of gaze is necessary to meet competence for all modes of ophthalmoscopy.	Patient where direct ophthalmoscope was used. Patient where BIO lens with slit lamp was indicated and used.	PR _____  PR _____	
3.1.4 Identifies abnormal colour vision and appreciates its significance.	PR	For a minimum of 2 different test types, the ability to: <ul style="list-style-type: none"> <li>• identify the test types available and who to use them on</li> <li>• correctly use and interpret the results</li> <li>• advise and manage the patient appropriately.</li> </ul> Understands the significance of results in terms of Occupational implications and genetics.	Patient with a colour vision defect.	PR _____	

3.1.5 Investigates the visual fields of patients with all standards of acuity and analyses and interprets the results.	2 x PR	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, eg location of visual pathway lesion, retinal problem Uses basic alternative techniques in appropriate circumstances, eg confrontation, Amsler, alternative fixation targets Appropriately adapts investigation for patients with reduced acuity	Patient with visual field defect.  Patient with reduced acuity <6/18 requiring visual field assessment.	PR _____  PR _____	
3.1.10 Uses diagnostic drugs to aid ocular examination.	PR	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 was indicated and carried out. Patient where local anaesthesia was indicated and carried out.	PR _____  PR _____	
3.1.11 Makes an assessment of the fundus in the presence of media opacities.	PR	Carries out dilated examination of a patient using a binocular indirect ophthalmoscopy (BIO)lens. Provides evidence of fundus seen (features recorded, eg C/D ratio, pigmentation etc.) Records the media opacity.	Patient with significant lens or media opacities with VA 6/12 or less.	PR _____	

<b>Unit of competence 4. Optical appliances</b> – The ability to dispense an appropriate optical appliance					
<b>Stage 1 Elements of competence</b>	<b>Compulsory evidence type</b>	<b>Indicators</b>	<b>Patient episode</b>	<b>Identifier</b>	<b>Supervisor training review score</b>
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. <b>Additional guidance</b> This will always include vertical differential prism and monocular horizontal centration.	Patient dispensed with spectacles to correct significant anisometropia = or >2.00DS/DC.	PR _____	
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 CS	Provides all the necessary information for a pair of spectacles to be duplicated, to include: <ul style="list-style-type: none"> <li>• prescription</li> <li>• lens type and form</li> <li>• centration and fitting positions</li> <li>• frame details</li> <li>• lens surface treatments.</li> </ul>	All other dispensing records.	PR _____	

4.1.4 Advises on personal eye protection regulations and relevant standards, and appropriately advises patients on their occupational visual requirements.	PR	<p>Applies the relevant standards for:</p> <ul style="list-style-type: none"> <li>• VDU users, driving</li> <li>• EN standards, including markings standards BSEN I66 and legislation and sources.</li> </ul> <p>Demonstrates a knowledge of visual task analysis including lighting.</p> <p>Understands the legal responsibilities for employees, employers, dispensing opticians and optometrists.</p> <p>Understands and identifies common ocular hazards and common or sight threatening leisure activities and occupations and the ability to advise patients.</p>	Patient where a suitable eye protector has been advised or dispensed.	PR _____	
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	<p>Demonstrates correct interpretation of prescriptions</p> <p>Understands the following lens parameters: lens form, design, materials, coatings and tints, availability, blank sizes</p> <p>Demonstrates understanding of frames covering the following: size, materials, relationship between frame, lenses and face.</p> <p>Demonstrates the appropriate lens and frame selection and justification (bearing in mind patient's lifestyle requirements)</p> <p>Demonstrates appropriate frame adjustments.</p>	<p>Patient dispensed with multifocals.</p> <p>Patient dispensed with spectacles to correct a refractive error = or &gt; 10 dioptres.</p> <p>At least one paediatric dispensing (four years or under).</p>	<p>PR _____</p> <p>PR _____</p> <p>PR _____</p>	
4.1.6 Prescribes and dispenses spectacles for vocational use.	PR	<p>Identifies the vocational needs of the patient and carries out task analysis.</p> <p>Takes appropriate measurements.</p> <p>Prescribes and dispenses the most appropriate frames and lenses for the task.</p>	Patient dispensed with a specific vocational or recreational correction, eg an older presbyopic VDU user.	PR _____	



<b>Unit of competence 5. Contact lenses</b> – The ability to manage the fitting and aftercare of patients with contact lenses					
<b>Stage 1 Elements of competence</b>	<b>Compulsory evidence type</b>	<b>Indicators</b>	<b>Patient episode</b>	<b>Identifier</b>	<b>Supervisor training review score</b>
5.2.1. Manages the aftercare of patients wearing soft lenses.	DO 3 x PR	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. <b>Additional guidance</b> Demonstrate assessment of: <ul style="list-style-type: none"> <li>• patient assessment, eg reason for visit (presenting complaint), history and symptoms</li> <li>• visual and fit assessment</li> <li>• tissue assessment – with and without fluorescein</li> <li>• condition of CL.</li> </ul>	Three soft lens aftercare patients covering a range of materials and modalities of wear. To include one patient with a complication requiring management.	PR _____  PR _____  PR _____	
5.2.1. Manages the aftercare of patients wearing soft lenses (continued).		Providing advice: <ul style="list-style-type: none"> <li>• addressing presenting complaint, communicating cause and remedy of complaint including action to be taken and review date</li> <li>• advise need of any other examination if not up-to-date, eg next eye exam etc.</li> <li>• complying with appropriate lens handling, care regimes and hygiene requirements throughout</li> <li>• advise on the management of common CL complications.</li> </ul>			
5.3.1. Chooses and manages the fitting of toric contact lenses.	PR	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. <b>Additional guidance</b> To include both soft toric and the fitting of RGP lenses on toric corneas.	Record of a <b>complete</b> toric CL fitting for a patient with astigmatism >1.50DC.	PR _____	

<b>Unit of competence 6. Ocular disease – The ability to identify and manage ocular abnormalities</b>					
<b>Stage 1 Elements of competence</b>	<b>Compulsory evidence type</b>	<b>Indicators</b>	<b>Patient episode</b>	<b>Identifier</b>	<b>Supervisor training review score</b>
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.	Patient presenting with headache, symptomatic cataract or red eye.	PR _____	
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.	Patient presenting with headache, symptomatic cataract or red eye.	PR _____	
6.1.4. Identifies external pathology and offers appropriate advice to patients not requiring referral.	2 x PR I	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"> <li>• external eye and ocular surfaces</li> <li>• lids, lashes, lumps/bumps and red eye.</li> </ul> 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.	Patient with blepharitis.  Patient with evaporative or aqueous deficiency dry eye.	PR _____  PR _____	

Section Two – Stage 1 assessment – Visit 2

6.1.6. Manages patients presenting with cataract.	2x PR	Understands the impact of cataract on patient’s lifestyle Provides advice on minimising impact on lifestyle – non surgical management. Shows awareness of HES management – understands the risk and benefit of surgery. Provides appropriate advice and management including when necessary referral for cataract extraction.	Two patients with cataract representing different management options.	PR _____  PR _____	
6.1.7 Manages patients presenting with red eye/s.	PR I	Obtains relevant information from the patient. Uses appropriate methods of examination to enable differential diagnosis. Appropriately manages the patient after diagnosis.	Patient presenting with red eye/s.	PR _____	

Unit of competence 7. Assessment of visual function – The ability to assess visual function in all patients					
Stage 1 Elements of competence	Compulsory evidence type	Indicators	Patient episode	Identifier	Supervisor training review score
7.1.1. Refracts a range of patients with various optometric problems by appropriate objective and subjective means.	DO PR	<p>Achieves accurate retinoscopy, and end point subjective results.</p> <p>Near add and range appropriate to needs.</p> <p>Uses appropriate methods of checking, eg +1.00Ds blur and use of pin-hole.</p> <p>Understands the relationship between vision and prescription and symptoms and prescription.</p> <p><b>Additional guidance</b></p> <p>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.</p> <p>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, eg Barrett method or near fixation retinoscopy.</p> <p>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.</p> <p>“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>	<p>Record of a refraction of a hyperopic pre-presbyope.</p> <p>Other sampled records to reflect range of experience.</p>	PR _____	
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"> <li>• consideration of patient’s mobility adaptation of the</li> <li>• adaptation of routine.</li> </ul>			

<b>Unit of competence 8. Assessment and management of binocular vision – The ability to assess and manage patients with anomalies of binocular vision</b>					
<b>Stage 1 Elements of competence</b>	<b>Compulsory evidence type</b>	<b>Indicators</b>	<b>Patient episode</b>	<b>Identifier</b>	<b>Supervisor training review score</b>
8.1.1. Assesses binocular status using objective and subjective means.	DO PR	<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><b>Additional guidance</b></p> <p>“Assessing the deviation accurately” should include:</p> <ul style="list-style-type: none"> <li>• direction of latent or manifest deviation</li> <li>• speed of recovery</li> <li>• size –small/moderate or large</li> <li>• concomitant/Incomitant.</li> </ul>	From other sampled records.	PR _____	
8.1.4. Manages adult patients with heterotropia.	PR	<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, eg driving.</p>	Adult patient with heterotropia.	PR _____	

## Notes

### **Compulsory evidence types to demonstrate competence**

CS = Case scenario

DO = Direct observation of clinical skills

FP = Field plots for interpretation and management

I = Images provided by assessor of common clinical presentations

Log = Logbook evidence showing maintenance of competence

PI = Prescription interpretation of a spectacle order provided by the assessor for critical discussion

PR = Patient record

Q = Questions from the assessor to gauge the trainee's applied clinical knowledge

RL = Referral letter written by the trainee for critical discussion

RP = Role play (clinical scenario where the assessor is acting as the patient)

WT = Witness testimony describing clinical experience and clinical competence, signed by supervising person

### **Compulsory direct observation for key skills**

The key skills for which direct observation is compulsory are as follows:

assessing binocular status

assessing the external eye and adnexa

communication with patient

contact tonometry (Goldmann or Perkins)

direct ophthalmoscopy

history taking

indirect ophthalmoscopy using biomicroscopy

interpreting and investigating presenting symptoms

keratometry

refraction

RGP fitting and aftercare

slit lamp examination

soft lens fitting and aftercare

spectacle verification

For certain elements of competence, where patient episodes are included as part of the evidence requirements, patient record (PR) will also be a compulsory form of evidence. There are only three Stage 1 elements in the framework where a suitable witness testimony will be accepted instead of a compulsory patient record. In these three elements only the compulsory evidence type will be described as PR/WT. Where direct observation is not compulsory, or as a second form of evidence, anything relevant from the evidence types recorded above is acceptable. Where possible, evidence related to patients the trainee has seen should always be used.