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GENERAL OPTICAL COUNCIL
The Revised Core Competency Based Curriculum for
UNDERGRADUATE TRAINING IN OPTOMETRY
Prepared in Consultation
WITH THE BRITISH UNIVERSITIES COMMITTEE OF OPTOMETRY
(Stage 1 Competencies)
March 2008

COMPETENCY STANDARDS FOR OPTOMETRY 2008

1. Introduction

Governments around the world have sought to have competency-based standards introduced for the trades and professions to allow for maximum use of skills present in the community, increase labour market efficiencies and equity, offer a fairer method of testing overseas trained professionals, and to facilitate the recognition of those who attempt, but fail, to obtain professional qualifications. The standards were also seen to have a role in mutual recognition arrangements between countries, thus aiding the free movement of labour. Competency-based standards are seen to encompass all forms of achievement of competence, both background understanding, application of that knowledge, clinical skills and problem solving.

2. What is a competency?

‘Competency is the ability to perform the activities within an occupation or function to the standard expected’ at the end of the undergraduate optometry programme.¹ A competency will be a combination of the specification and application of a knowledge or skill within the occupation, to the appropriate standard. It will include the requirement to perform or understand how to perform individual tasks; to manage a number of different tasks, to respond to irregularities and breakdowns in routine and to deal with the responsibilities and expectations of the work environment. Thus it will be a combination of task skills, task management skills, contingency management skills and job/role environment skills.¹ Major segments of a profession's competency are called Units of Competency and these can be subdivided into elements of competency.¹ A unit of competency is ‘a title, a short description of its purpose where appropriate, and the elements of competency, together with their associated performance criteria’¹ The title is written in ‘output’ terms. The elements of competency describe the ‘lowest logical, identifiable and discrete sub-grouping of actions and knowledge which contribute to and build a unit’.¹ Thus a Unit of Competency is broken down into elements and these elements are accompanied by performance criteria which are ‘evaluative statements which specify the required level of performance’.¹ Using these criteria, an assessor can determine whether a person meets the expectations the profession has of people entering into it. The aim of performance criteria is to link the competency with the required evidence of achievement.¹

Performance criteria, in the undergraduate UK training framework ‘express what a competent final year optometry student would do in terms of observable results and/or behaviour. Performance criteria accompany the element of competency and ‘are not simply further subdivisions of the elements of competency.’ Performance criteria describe the ‘overall evidence from which competent performance in an element(s) of competency would be inferred’.² Indicators may be included in the competency standards as evidence to assist in the interpretation and assessment of units in the standards.¹ They are measurable and observable features which can assist in determining whether a competency is achieved. The competency standards for optometry list the skills, knowledge and attributes which a pre-registration period entry-level optometrist needs to be able to practice at an appropriate standard. Generally this applies immediately on graduation from one of the universities offering a degree in optometry.

3. Standards for Optometry

This document presents competency standards for entry-level to pre-registration optometry period within the United Kingdom. The order in which the units are listed is not meant to indicate an order of importance or any information about the order in which sections in an optometric examination should occur. They should be considered as a collection of competencies i.e. the skills, attitudes and knowledge which a new graduate entering the pre-registration period needs to meet in order to perform to a degree appropriate in the workplace. Units and elements should not

be treated as discrete entities; there is considerable overlap between them and integration of knowledge and skills across boundaries is essential. Indeed in many cases a number of elements will be performed simultaneously. Those elements identified in grey would not be tracked as they are recorded for section completeness, but the ability has already been tracked in another element as identified. Performance criteria are not expected to be assessed individually, but rather each institution must be able to demonstrate where they are covered in their programme curriculum and where the students are individually assessed to confirm they have reached the necessary standard. Some will be needed at every stage of an optometric examination e.g. recording of clinical data and communication with the patient are ongoing activities; others may be seen as discrete elements e.g. assessment of refractive status. Background knowledge indicates the underlying theory that is required to perform the competency with a full understanding of how and why the competency is being performed, how to assess new material, laws and academic evidence to optimise the competency in the future, to self evaluate performance to benefit patients and to be able to use findings to make appropriate choices of additional tests, referrals, advice and monitoring as is appropriate in the individual case. This is not meant to be an exhaustive list, but serves to provide the key areas of background knowledge. This document indicates what ability and understanding a student should be able to demonstrate at the end of their undergraduate course in Optometry, rather than a prescriptive list of what facts they should be taught and what experience they should receive. The latter will change with time and progressive modification will occur along with developments within the profession, public expectations and changes in technology and knowledge at each institution to continue to meet the stated performance criteria. The Quality Assurance Agency for Higher Education (QAA) Optometry benchmark should also be considered a critical basis for the standards which all Optometry undergraduate courses should conform.

4. Terminology

Some terms used in this document have specific meanings within the context of competency Standards and are defined as:

Competency:	Ability to perform the activities within an occupation or function to the standard expected at the end of their undergraduate course. ²
Element of competency:	A subdivision of a unit of competency that is observable in the workplace; describes the lowest logical, identifiable and discrete sub-grouping of actions and knowledge which contribute to and build a unit. ^{1,2}
Background knowledge:	Forms the theoretical basis and range of information that has been learnt and can be integrated into practice decisions.
Performance criteria:	Evaluative statements which specify the required level of performance. ¹
Unit of competency:	A major segment of the overall competency of the profession, typically representing a major function or role of the profession. ²

5. Units of Competency

Unit 1/2: Communication Skills and Professional Conduct

Unit 3: Visual function

Unit 4: Optical appliances

Unit 5: Ocular examination

Unit 6: Ocular abnormalities

Unit 7: Contact lenses

Unit 8: Binocular vision

Unit 9: Visual impairment

UNIT 1/2: COMMUNICATION AND PROFESSIONAL CONDUCT	
The ability to communicate effectively with the patient and with professional colleagues. An understanding of professional conduct and the legal aspects of professional practice.	
Elements	Background Knowledge.
<u>1.1 Communication skills</u>	
1.1.1 Ability to communicate effectively with the patient.	Patient psychology and learning styles. Optimise information delivery. Appropriate language, vocabulary and terminology
1.1.2 Understanding of how to communicate with patients who have poor or non-verbal communication skills, or those who are confused, reticent or misled.	
1.1.3 Understanding of how to deal effectively with patient concerns and complaints	
1.1.4 Ability to make a patient feel at ease and informed.	All optometric tests. Ocular pathology and its prognosis.
1.1.5 Understanding of how to communicate the need for further investigation, referral or bad news	Ocular disease and its investigation
1.1.6 Understand the patient's expectations and aspirations and to manage situations where these cannot be met.	Patient psychology
<u>1.2 History and symptoms</u>	
1.2.1 Ability to take a structured, efficient, accurate history and symptoms from patients with a range of ophthalmic problems and needs.	Relevant history and symptoms. How to follow-up on responses. Appropriate open questions.
1.2.2 Ability to produce comprehensive, legible and organised record keeping with appropriate detail and grading	Relevant information. Legal requirements. Grading techniques.
1.2.3 Understand the importance and significance of ocular history, health status, family history, medication, work and social activities.	
1.2.4 Understanding of the need for confidentiality, ethical behaviour, gender divide and security of patient records.	Relevant law
1.2.5 Understanding of the need to actively listen to the patient, noting body language and applying observation skills.	
<u>1.3 Manage patient care</u>	
1.3.1 Understand how to care for patients who have additional clinical or social needs.	Health care delivery systems and their interaction.
1.3.2 Ability to interpret and respond appropriately to patient records and other relevant information.	
1.3.3 Understanding of how to work within the guidelines and codes set of the profession.	Professional guidelines. Importance of interdisciplinary teams.
1.3.4 Understand the importance of Health and Safety issues in the workplace, for themselves as future employees and for patients.	Health and Safety law and its application.

UNIT 3: VISUAL FUNCTION AND AMETROPIA The ability to appropriately assess visual function and to interpret the findings. The ability to appropriately assess and manage ametropia.	
Elements	Background Knowledge.
3.1 Visual function assessment	
3.1.1 Ability to measure visual function of patients of any age with appropriate tests and techniques	Relevant anatomy and physiology (e.g. the visual pathway). Tests of visual function. Knowledge of normal and abnormal visual development and senescent changes. Adaptation of techniques for children and the elderly. Quantification of the lighting environment
3.1.2 Understand the special examination needs of patients with learning and other disabilities.	Special need groups. Adaptation of testing.
3.1.3 Ability to assess visual function in patients with visual impairment.	LogMAR visual acuity. Confrontation tests. Effects of lighting, contrast and glare
3.1.4 Understand the importance of visual function data from a diagnostic and functional vision perspective.	Interpretation of visual function data, particularly visual fields. Relationship between clinical visual tests and functional vision.
3.1.5 Understand compulsory and recommended occupational visual standards and methods of vision screening.	Occupational requirements. Legal requirements for driving. Sports vision. Vision screening.
3.2. Assessment and management of ametropia	
3.2.1. Understand the epidemiology of ametropia	Causes, distribution, and control of myopia, hyperopia, astigmatism and presbyopia. Normal development of ametropia and senescent changes. Changes with ocular disease.
3.2.2 Ability to use subjective and objective techniques to identify and quantify ametropia	Refractive techniques (including alternatives). Ophthalmic instrumentation mechanism and appropriate use. Adaptation of techniques for children, elderly or patients with disabilities.
3.2.3 Ability to use appropriate ocular drugs diagnostically and to aid refraction.	Ocular and systemic pharmacology (formulation and delivery aspects). Relevant drug action and safe use.
3.2.4 Understand how to appropriately manage ametropia	Comparison of spectacles, contact lenses, refractive surgery and other techniques (e.g. orthokeratology) Appropriate prescribing (e.g. effects of binocular vision, type of ametropic change, age, adaptation and falls)

UNIT 4: OPTICAL APPLIANCES	
The ability to prescribe and to dispense appropriate optical appliances.	
Elements	Background Knowledge.
<i>4.1 Dispensing</i>	
4.1.1 Ability to advise on, order and to dispense the most suitable form of optical correction taking into account durability, comfort, cosmetic appearance, age and lifestyle.	Applications of geometrical and physical optics to spectacle, contact lens and IOL design. Physical and optical properties of lens materials Applications of lens surface treatments, tints and filters. Optical principles of multifocal and single vision lens forms. . The manipulation of lens form and setting, and specific lens designs, to obtain the desired control of prismatic effects. Transposing prescriptions.
4.1.2 Ability to adjust a spectacle frame or mount to optimise physical and optical performance.	Safety standards and frame quality standards. Frame material properties and measurements
4.1.3 Understand how to modify prescriptions.	Modifications for back vertex distance, near vision effectivity and positive dihedral angle.
4.1.4 Understand how to prescribe for, and dispense appropriate optical appliances for specific occupational and recreational use.	Occupational and recreational visual requirements. Choice of (multifocal) lens design for specific visual tasks.
4.1.5 Understanding of hazards to the eyes and how these can be minimised through the use of optical appliances.	Eye protection regulations and relevant standards. Eye hazards such as from sport and UV/blue light.
4.1.6 Understand how to manage non-tolerance cases.	Types and roles of non-standard spectacle frames and mounts Possible physical (e.g. dermatology) and optical (e.g. binocular vision) adverse effects of spectacle lenses, frames and mounts
<i>4.2 Measurement</i>	
4.2.1 Ability to measure and verify optical appliances, taking into account relevant standards.	Measurement instrumentation design and clinical use. BSEN standards for spectacle lenses, frames and mounts and their relevance to patient safety.

UNIT 5: OCULAR EXAMINATION	
The ability to examine the external and internal structures of the eye to determine the health of the eye using a variety of techniques.	
Elements	Background Knowledge.
5.1 Techniques and instrumentation protocols	
5.1.1 Ability to examine for abnormalities of the external eye and adnexa using appropriate instruments and techniques	Anatomy of external eye and adnexa. Use of simple magnifier and slit-lamp biomicroscope in conjunction with diagnostic stains to examine the external eye. Lid eversion techniques. Tear production and drainage. Structure and dynamics of the normal tear film. Techniques to assess the properties and volume of tears. Meibomian gland inspection.
5.1.2 Ability to examine for abnormalities of the cornea using appropriate instruments and techniques	Anatomy and physiology of the normal cornea. Principles and use of keratometers and topographers to assess the curvature and shape of the cornea. Principles and use of pachymeters Use of slit-lamp biomicroscope and other instruments for examining the cornea.
5.1.3 Ability to use contact and non-contact tonometers to measure intraocular pressure and analyse and interpret the results.	Intraocular pressure maintenance. Principles and use of non-contact, applanation and indentation tonometers. Topical anaesthetics, their actions and potential adverse reactions.
5.1.4 Ability to examine for abnormalities in the anterior chamber	Anatomy and physiology of normal anterior chamber including aqueous dynamics and drainage. Use of slit-lamp to examine the anterior chamber Assessment of anterior chamber angle Principles and application of gonioscope lenses
5.1.5 Ability to examine for abnormalities in the iris and assess pupil reflexes	Anatomy of normal iris The pupil reflex pathways Normal and abnormal pupil reflexes
5.1.6 Ability to examine for abnormalities in the crystalline lens using appropriate instruments and techniques	Anatomy of the normal crystalline lens and normal ageing changes Classification of cataract
5.1.7 Ability to examine for abnormalities in the vitreous and fundi using appropriate instruments and techniques	Anatomy and physiology of the normal retina The normal vitreous and fundus appearance including ageing changes Use of slit-lamp and ophthalmoscopes for examining the vitreous Principles and use of direct and indirect ophthalmoscopes Other fundus imaging techniques.

<p>5.1.8 Understanding of specialised techniques for the examination the visual system</p>	<p>Electrodiagnostics (EOG, ERG VEP) Eye movement recording Pupillometry Ultrasound MRI and functional imaging techniques</p>
<p>5.1.9 Ability to select appropriate, and use safely, the range of ophthalmic drugs and diagnostic stains available to an optometrist.</p>	<p>Pharmacology of mydriatics, cycloplegics, topical anaesthetics and diagnostic stains. Interactions of these diagnostic drugs with systemic medications. Understand how to recognise and deal effectively with adverse ocular reactions How to report adverse drug reactions. Current drugs law regarding the sale and supply of drugs by optometrists.</p>

UNIT 6: OCULAR ABNORMALITIES	
The ability to identify and manage ocular abnormalities.	
Elements	Background Knowledge.
<u>6.1. Patient history</u>	
6.1.1 Ability to take a structured ophthalmic history taking into account awareness of risk factors of ocular and systemic disease (see 1.2.1).	Importance of the history of the presenting complaint, past ophthalmic history, past medical history, current medications (including drug allergies) family history and social history. Risk factors for common ocular diseases and systemic diseases with ocular manifestations. Ocular adverse reactions to systemic drugs.
<u>6.2. Assessment and investigation</u>	
6.2.1. Ability to assess visual function and the appearance of the eye and adnexa (see units 3 and 5).	See units 3 and 5.
<u>6.3. Interpretation and analyses of finding to establish a diagnosis</u>	
6.3.1. Ability to interpret signs and symptoms of ocular abnormality.	Relevant anatomy and pathophysiology. Normal variation in ocular appearance including changes with age. Signs and symptoms of common ocular diseases e.g glaucoma, cataract, diabetes and AMD. Mechanism of disease (infective, inflammatory, neoplasia and iatrogenic). Differential diagnosis (e.g. red eye and wet/dry AMD).
6.3.2. Understand the accuracy and validity of test results and information from the patient history.	
<u>6.4. Referral considerations</u>	
6.4.1. Ability to make an appropriate management plan, including the ability to make appropriate urgent referrals, for each patient and involving them in the decision making process.	Sight-threatening and non sight-threatening disease. Treatment and management of common ocular diseases. Prognosis and natural progress of ocular disease.
6.4.2. Understanding of the prognosis and natural course of ocular disease and how to monitor the response to treatment.	Referral criteria (including urgency of referral). Pharmacological and non-pharmacological therapy.
6.4.3. Understanding of shared care schemes and protocols.	Therapeutic drugs (action, indication, cautions, contraindications, interactions and side effects). Shared care schemes protocols.

UNIT 7: CONTACT LENSES	
The ability to manage patients with or wanting contact lenses.	
Elements	Background Knowledge.
<u>7.1 Assessment of patient suitability</u>	
7.1.1 Ability to take an appropriate history and symptoms including previous contact lens wear (see 1.2.1).	Psychology of patient communication. Risk factors for significant and serious contact lens adverse events. Care solutions.
7.1.2 Ability to assess anterior eye health (see 5.1.1 and 5.1.2).	See 5.1.1 and 5.1.2
<u>7.2 Contact lens selection</u>	
7.2.1 Ability to quantify corneal shape and size, and pupil size (see 5.1.2).	See 5.1.2
7.2.2 Ability to select the optimum lens.	Commercially available lens parameters and material properties. Features and benefits of available lens materials and designs.
<u>7.3 Fitting contact lenses</u>	
7.3.1 Awareness of appropriate hygiene and safety.	Best practice for storage of diagnostic/trial lenses. Clinical hygiene issues.
7.3.2 Ability to assess and optimise lens fit.	Use of slit lamp biomicroscope or illuminated magnifier for assessment of lens fit including the use of vital dyes. Contact lens design.
<u>7.4 Patient management</u>	
7.4.1 Ability to teach a patient to safely insert, remove and care for contact lenses.	Psychology of patient communication. Risk factors of poor contact lens hygiene. Care solutions.
7.4.2 Understanding of appropriate verbal and written information about lens wear and care.	Legal knowledge with respect to informed consent. Law relating to contact lenses. Emergency/red eye protocols.
<u>7.5 Aftercare</u>	
7.5.1 Ability to monitor and manage the anterior eye health of contact lens wearers.	Corneal physiology. Diagnostic dyes. Slit lamp biomicroscopy. Corneal topographic assessment. Grading techniques. Contact lens complications.

UNIT 8: BINOCULAR VISION	
The ability to assess and manage patients with anomalies of binocular vision including children at risk of binocular vision anomalies.	
Elements	Background Knowledge.
<u>8.1 Assessment of the patient</u>	
8.1.1 Ability to take an appropriate binocular vision and/or child's history (see 1.2.1).	Risk factors for developing binocular vision anomalies. Normative binocular status data. Visual development.
<u>8.2 Assessment of oculomotor and binocular function</u>	
8.2.1 Ability to assess eye alignment and eye movements.	Vergence and versions. Cover test and motility. Heterophoria and heterotropia (direction, magnitude, laterality). Subjective tests of eye alignment. Comitant and incommittant deviations. Normative binocular status data.
8.2.2 Ability to assess sensory fusion and stereopsis.	Fusion, suppression, diplopia, amblyopia, retinal correspondence (ARC and NRC), stereopsis and stereotests. Normative binocular status data.
8.2.3 Ability to assess oculomotor function.	Fusional vergence ranges, fixation disparity, associated phoria, aligning prism and near point of convergence. Normative binocular status data.
8.2.4 Ability to assess accommodation.	Amplitude of accommodation, accommodative lag and lead, accommodative facility and relative accommodation (NRA and PRA). Normative binocular status data.
<u>8.3 Patient management</u>	
8.3.1 Understand the management of heterophoria and heterotropia in children and adults.	Prescribing lenses and prisms. Patching therapy. Orthoptic training. Referral criteria. Surgical and medical management techniques Behavioural optometry

UNIT 9: VISUAL IMPAIRMENT	
The ability to optimise the remaining vision of those with visual loss.	
Elements	Background Knowledge.
<u>9.1 Patient assessment</u>	
9.1.1 Ability to take an appropriate history of a visually impaired patient (see 1.2.1).	Quality of life questionnaires. History and symptom taking.
9.1.2 Understanding of eye conditions, their consequences and management, sufficient to explain to patients and carers.	Ocular pathology and prognosis. Listening skills.
9.1.3 Ability to accurately quantify visual impairment and relate it to the underlying pathology and functional consequences (see 3.1.1).	Visual acuity, contrast sensitivity, visual field, colour vision, reading speed, critical print size, acuity and contrast reserve. Definitions of visual impairment and related terminology.
9.1.4 Understand how to modify assessment in the context of other disabilities.	Incidence of visual impairment across age groups and countries. Co-existence of additional disabilities.
<u>9.3 Low vision devices</u>	
9.3.1 Understanding of the principles and appropriate clinical use of low vision aids	Methods on enlargement and relevant practical considerations. Tints, visors and contact lenses. Advantages and disadvantages of different LVAs. Regulations and statutory assistance for supply and purchase of LVAs Tactile and auditory systems.
9.3.2 Ability to advise on the use of optical and non-optical aids.	
<u>9.4 Patient management</u>	
9.4.1 Understanding of visual rehabilitation training technique.	Eccentric viewing and steady eye strategy.
9.4.2 Understanding of environmental changes which can enhance the best use of residual vision.	Lighting, contrast, colour and size.
9.4.3 Understand the need for interdisciplinary working	Limitations of Optometric role Appropriate referrals
9.4.4 Understand registration and statutory provision for the visually impaired.	Registration pathway Disability allowances. Benefits of registration.

6. Curriculum map to Optometrist Registration Core Competencies

The competency units generally reflect those used for entry into the Optometric profession. However, Communication and Professional Conduct have been merged as they are interlinked and are mainly developed during the pre-registration period. A competency unit in low vision has been added, due to its importance in the understanding basis of Optometry undergraduates.

7. References

1 NTB National Competency Standards Policy and Guidelines, National Training Board, Canberra, 1991.

2 NOOSR Research Paper No 7. A Guide to Development of Competency Standards for Professions. AGPS, Canberra, 1992

	"Ability to do" competencies to be tracked for each student (n=31)
Communication & Professional Conduct (5)	1.1.1 Ability to communicate effectively with the patient, taking into account his/her physical, emotional, intellectual and cultural background – building a rapport
	1.1.4 Ability to make a patient feel at ease and informed – understanding their fears, anxieties and concerns about their visual welfare in the eye examination and its outcome.
	1.2.1 Ability to take a structured, efficient, accurate history and symptoms from patients with a range of ophthalmic problems and needs.
	1.2.2 Ability to produce comprehensive, legible and organised record keeping with appropriate detail and grading
	1.3.2 Ability to interpret and respond appropriately to patient records and other relevant information.
Visual Function & Ametropia (4)	3.1.1 Ability to measure visual function of patients of any age with appropriate tests and techniques
	3.1.3 Ability to assess visual function in patients with visual impairment.
	3.2.2 Ability to use subjective and objective techniques to identify and quantify ametropia
	3.2.3 Ability to use appropriate ocular drugs diagnostically and to aid refraction.
Optical Appliances (3)	4.1.1 Ability to advise on, order and to dispense the most suitable form of optical correction taking into account durability, comfort, cosmetic appearance, age and lifestyle.
	4.1.2 Ability to adjust a spectacle frame or mount to optimise physical and optical performance.
	4.2.1 Ability to measure and verify optical appliances, taking into account relevant standards.
Ocular Examination (8)	5.1.1 Ability to examine for abnormalities of the external eye and adnexa using appropriate instruments and techniques
	5.1.2 Ability to examine for abnormalities of the cornea using appropriate instruments and techniques
	5.1.3 Ability to use contact and non-contact tonometers to measure intraocular pressure and analyse and interpret the results.
	5.1.4 Ability to examine for abnormalities in the anterior chamber.
	5.1.5 Ability to examine for abnormalities in the iris and assess pupil reflexes
	5.1.6 Ability to examine for abnormalities in the crystalline lens using appropriate instruments and techniques
	5.1.7 Ability to examine for abnormalities in the vitreous and fundi using appropriate instruments and techniques
5.1.9 Ability to select appropriate, and use safely, the range of ophthalmic drugs and diagnostic stains available to an optometrist	
Ocular Abnormalities (2 + 2 Grey)	6.1.1 Ability to take a structured ophthalmic history taking into account awareness of risk factors of ocular and systemic disease (see 1.2.1).
	6.2.1. Ability to assess visual function and the appearance of the eye and adnexa (see 3 & 5)
	6.3.1 Ability to interpret signs and symptoms of ocular abnormality.
	6.4.1. Ability to make an appropriate management plan, including the ability to make appropriate urgent referrals, for each patient and to involve the patient in the decision making process.
Contact Lenses (4 + 3 Grey)	7.1.1 Ability to take an appropriate history and symptoms including previous contact lens wear (see 1.2.1).
	7.1.2 Ability to assess anterior eye health (see 5.1.1 and 5.1.2).
	7.2.1 Ability to quantify corneal shape and size, and pupil (see 5.1.2).
	7.2.2 Ability to select the optimum lens.
	7.3.2 Ability to assess and optimise lens fit.
	7.4.1 Ability to teach a patient to safely insert, remove and care for contact lenses.
7.5.1 Ability to monitor and manage the anterior eye health of contact lens wearers.	
Binocular Vision (4 + 1 Grey)	8.1.1 Ability to take an appropriate binocular vision and/or child's history (see 1.2.1).
	8.2.1 Ability to assess eye alignment and eye movements.
	8.2.2 Ability to assess sensory fusion and stereopsis.
	8.2.3 Ability to assess oculomotor function.
	8.2.4 Ability to assess accommodation.
Visual Impairment (1 + 2 Grey)	9.1.1 Ability to take an appropriate history of a visually impaired patient (see 1.2.1).
	9.1.3 Ability to accurately quantify visual impairment and relate it to the underlying pathology and functional consequences (see 3.1.1).
	9.3.2 Ability to advise on the use of optical and non-optical aids.

Note: Each undergraduate student will have to satisfy the university that they have achieved each of the 'ability to' competencies without grey shading [above] prior to entry to the pre-registration period. The competencies with grey shading do not need to be evidenced separately, as they are included within each substantive competency as referenced. For example 8.1.1 will not need to be evidenced as it will already have been evidenced within competency 1.2.1.