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VISIT

GUIDELINES FOR THE APPROVAL OF:

[A] TRAINING INSTITUTIONS;

AND

[B] PROVIDERS OF SCHEMES FOR REGISTRATION

FOR

UNITED KINGDOM TRAINED DISPENSING OPTICIANS

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## 1. Introduction

### 1.1 The General Optical Council (GOC)

1.1.1 In the interests of the public and for their protection, dispensing opticians and optometrists are regulated by the GOC to promote and enforce:

- a. high standards of education, training and conduct, so as to ensure an adequate and safe standard of eye care, and
- b. a system of registration of those suitably qualified as dispensing opticians and optometrists.

#### 1.1.2 **General Optical Council Statement of Equality and Diversity**

1.1.3 The GOC is committed to promoting and developing equality and diversity in all our work. We want to be sure that our policies, procedures and ways of working are fair to all individuals and groups, regardless of their ethnic origin, race, gender, gender identity, religion or religious belief, disability, sexual orientation or age.

1.1.4 The GOC considers that all of our public functions are relevant to our Race, Disability and Gender equality duties, as well as to our commitments in relation to equality in respect of age, religion and religious belief and sexual orientation. In particular, we believe that the GOC has a critical role to play in ensuring that the following are free from discrimination:

“ access to optometry and dispensing optics training in the UK

“ registration as an optometrist or dispensing optician in the UK

“ access to our registers, public meetings and information

“ our complaints and Fitness to Practise processes

“ employment with or appointment to the GOC, its Council and committees.

### 1.2 GOC Visits

1.2.1 The GOC periodically makes visits to training institutions and providers of schemes for registration. This is to ascertain whether the instruction given to persons training and the assessment of competence to practise as dispensing opticians and optometrists, appears to be such as to secure to them adequate knowledge and skill for the safe practice of their profession. The Visits take place under powers given by Sections 12 and 13 of the Opticians Act 1989 and are summarised at **Appendix 1**, together with the *Modern Principles of Professional Self-Regulation in the Health Field* (**Appendix 2**); *The Visit Format for Established Programmes/Schemes* (**Appendix 3**); *Timescale and stages of the approval process* (**Appendix 4**); *The Written Report* (**Appendix 5**); and *Procedures for approving ‘new’ training institutions/providers and ‘new’ programmes/schemes* (**Appendix 6**).

1.2.2 Ophthalmic Dispensing in the UK is fortunate in having a variety of different training routes to registration:

1.2.3 All in-practice supervised training and its assessment, regardless of the mode of training in which the student is enrolled, is the responsibility of the Provider of the Scheme for

Registration. The Scheme Provider and the Training Institution must work in close collaboration so as to provide an integrated and progressive learning experience that will facilitate the student's staged achievement of the Core Competencies required for registration.

- 1.2.4 Because of the nature of training in the UK, which the training institutions and scheme provider carry out, dispensing opticians' education, practical training and assessment often take place concurrently, both parties working in close partnership with each other. For this reason, this Handbook is written in TWO PARTS.
- 1.2.5 Part [A] deals specifically with training institutions, which provide education and training towards entry to the final assessment for eventual entry to the Opticians Register.
- 1.2.6 Part [B] deals with the approval of providers of Schemes for Registration for UK trained dispensing opticians.
- 1.2.7 The role of the GOC Visitor is:
  - a. to advise the Council whether a particular optical training institution or scheme provider should continue to be approved under the Opticians Act 1989; and
  - b. to make recommendations for improvements, where appropriate, to the programme or scheme.

### **1.3 This Handbook in context**

- 1.3.1 The Handbook is not intended to be prescriptive. The Handbook seeks to encourage innovation within the context of the GOC's remit of ensuring the safety of the UK public through fair and appropriate regulation. It is intended that the training institutions/providers should use the sections of the Handbook as the blocks upon which to build the details of their programme. The GOC Visitors will use the Handbook to audit the education, training and assessment which the institution/provider is providing.
- 1.3.2 The Handbook is written so that it can be used as a guide to Visits of existing provisions and of new provisions. The Handbook gives guidelines for dispensing programmes/schemes irrespective of the mode of delivery (for example, full time, part-time).
- 1.3.3 Throughout this document reference is made to practical work. This should be taken to mean any interaction that a student may have with patients (or students acting as patients) in all settings, whether in a professional practice or a training institution.

## **2 Overall Requirements to be registered as Dispensing Optician**

- 2.0 In order to register with the GOC as a Dispensing Optician, a person needs to have demonstrated that the competencies set by the GOC have been successfully achieved. This can be attained by meeting the following three requirements:

### **2.1 Successful completion of a GOC approved course of study at an approved Training Institution. This could be achieved through any of the following routes:**

- 2.1.1 Part-time attendance at College/University by day release whilst undertaking supervised practice as a trainee dispensing optician during a pre-qualification period

2.1.2 Following a course of part-time distance learning, either by correspondence or by e-learning and accompanied by block periods of attendance at College/University, whilst undertaking supervised practice as a trainee dispensing optician during a pre-qualification period

2.1.3 Full-time attendance at College/University incorporating some aspects of supervised practice, but followed by a more intensive period of supervised practice as a trainee dispensing optician in order to meet the requirements of the pre-qualification period

**2.2 Successful completion of a pre-qualification period with a GOC approved Scheme Provider. This entails the following:**

- 250 Spectacle Frame Fittings . including 50 Bifocals / Progressive power lenses and 10 prescriptions over 10 dioptries
- 250 Spectacle Frame Adjustments . including 50 Bifocals / Progressive power lenses and 10 prescriptions over 10 dioptries
- 250 Checkings of completed spectacles . including 100 Bifocals / Progressive power lenses, 20 prescriptions over 10 dioptries and 5 with prescribed prisms

2.2.1 A period of supervised pre-qualification experience, amounting to no less than 1600 hours, during which:

a) a set of defined dispensing tasks are successfully undertaken and evidenced with detailed case records presented in the form of a Portfolio.

b) a record is kept of the full extent of the dispensing experience gained so as to demonstrate that the required total numbers of frame fittings, adjustments and checks of completed spectacles have been completed.

**2.3 Successful completion of any theory and practical examinations required by the Scheme Provider.**

**PART A**

**GUIDANCE FOR THE APPROVAL OF**  
**INSTITUTIONS IN THE UNITED KINGDOM GIVING TRAINING (OR PART OF**  
**THE TRAINING) TO**  
**PERSONS WISHING TO REGISTER AS DISPENSING OPTICIANS**

### 3. Training Programme<sup>1</sup> construction

3.0.1. This part (PART [A]) of this Handbook will guide:

- (i) training institutions in the design and delivery of their ophthalmic dispensing programmes by listing the expectations of the GOC in defined areas of education and training;
- (ii) GOC Visitors in their audit of dispensing programmes, who will weigh and measure evidence on education and training and come to an overall judgement against these guidelines;
- (iii) Officers of Council in their preparation for visits and for the writing and presentation of formal written reports.

3.0.2 In sections 2-8 below, the GOC has described what, in general terms it expects training institutions to achieve in order to secure approval or continuing approval of their programmes, whether those programmes already exist or whether the programme is a new provision.

3.0.3 For each item, the institution is asked to demonstrate in any pre-visit or pre-approval documentation, how the expected requirement is achieved or how the Handbook has been utilised in the design and delivery of the proposed programme. Where the requirements are not achieved then the GOC will wish the training institution to explain the reasons for this and where appropriate to indicate what alternatives have been put in place so as to secure an adequate level of training and education.

The GOC has placed particular emphasis in sections below on detail in order to discharge its legal responsibilities in relation to ensuring patient safety. This means that for students to reach an adequate level of competency for progression, they should:

- receive appropriate professional support,
- by appropriately qualified staff
- within the adequate practical and management framework of the programme.

In the sections below the GOC gives detailed guidance to ensure that the Training Institution fulfils all the legal responsibilities necessary for patient safety. For students to reach an adequate level of competency they must receive appropriate professional support by suitably qualified staff within a well designed programme.

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<sup>1</sup> In this Handbook the term ~~programme~~ has been used throughout to mean the structures within which ophthalmic dispensing students are taught. Other terminology might be ~~course~~ or ~~field~~. Specifically the programme period relates to the responsibilities of the Further Education or Higher Education training institution for course provision. Later sections of this Handbook deal with the responsibilities of the Providers of Schemes for the Registration of Dispensing Opticians, which relate to the PRP and the final qualifying assessments (FQA).

### 3.1 Design & Structure

- 3.1.1 The GOC expects that the ophthalmic dispensing programme should consist of the following (a-e below). The structural elements of the programme will be assessed by Visitors to evaluate whether they reach these guidelines on the basis of the information provided by the training institution.
- a. at least 80% of the components of the programme should deal collectively with areas relevant to the practice of ophthalmic dispensing;
  - b. theoretical and practical curricula should be related in both structure and function, and provide information regarding flexible teaching and learning methods, learning objectives, assessment methods and requirements, and staff responsible for delivery;
  - c. each programme, regardless of mode of delivery, should be concerned to integrate theory and practice and a recognised way of achieving this is through practice-based-learning (PBL). The degree of PBL will depend on the mode of attendance. It is expected that students in full-time courses will experience minimal PBL during their course and those students in part-time courses will experience considerably more because of the availability of work experience;
  - d. the latter stages of the programme, in which the students develop higher levels of knowledge and practical skills, should comprise a significant part of the basis of assessment for the final award granted by the training institution. The assessments in the final stage of the programme should contribute at least 60% to this result.
  - e. the programme should have an element, which develops the students' ability for critical thinking and an analytical approach to the evaluation of their practice.

### 3.2 GOC Core Competencies, Core Curriculum and Learning Outcomes

- 3.2.1 The following learning outcomes are based on the core competencies which are given in full at **Appendix 7**. The learning outcomes are expected to be achieved following study of the GOC Core Curriculum. On completion of the programme, the student will be able to:
- a) Core Competency 1: Communication: seek and communicate relevant information from and to patients in an effective and appropriate manner.
  - b) Core Competency 2: Professional Conduct: fulfil his/her duty of care, by demonstrating an understanding and working knowledge of [a] relevant legislation and civil laws, [b] codes of conduct; and [c] professional guidance, so as to be able to care for, respect and protect the rights, dignity, privacy and confidentiality of patients.
  - c) Core Competency 3: Refractive Management: understand methods of assessing vision, refraction, binocular status and visual acuity in all patients.
  - d) Core Competency 4: Optical Appliances: dispense an appropriate optical appliance.
  - e) Core Competency 5: Contact Lenses: understand the choice, fitting and management of contact lenses.
  - f) Core Competency 6: manage low vision patients.
  - g) Core Competency 7: understand the technologies used in the examination of the eye and adnexa.
  - h) Core Competency 8: understand the relevance of ocular disease.

3.2.2 The institution should demonstrate:

- a. how the programme delivers relevant Competencies, through the core Curriculum, appropriate for each stage of training. (see **Appendix 8**).
- b. precisely where the various elements of the Core Competencies are covered in their proposed programme (see **Appendix 10** for a proforma).

### **3.3 Practical work and PBL**

3.3.1 It is considered essential that each programme, regardless of mode of delivery, includes practical work and PBL. A record of the PBL and the reflective learning achieved should be kept in a Portfolio that links theory and practice throughout the programme. There should be an agreed common format for the Portfolio and it is to be used in all modes of delivery over the whole extent of the programme. Further information on the requirements of the Portfolio is detailed in Appendix 9 and Part B of this handbook.

3.3.2 It is expected that the programme should demonstrate that:

- a. appropriate proportions of PBL are built effectively into the programme (see 3.1.1c)
- b. students are safe to practise under supervision within the practice environment with reference to the learning outcomes above;
- c. each individual student maintains an accredited record of all of his or her PBL. This record should provide an opportunity for students to reflect on their strengths and weaknesses with comment from practice supervisors;

3.3.3 The GOC expects that the following provision be made for the students' practical experience and PBL of a wide range of patients in relation to age, ocular condition and refractive status:

- a. Access to unselected patients.
- b. Instruction, demonstration and supervision by experienced practitioners in general and specialist practice settings.
- c. Small-group practical instruction which incorporates student observation, practitioner demonstration and direct student participation.
- d. Video of patient assessment, may be valuable, particularly in low vision and paediatric dispensing.

Institutions should note the following policy implemented by GOC in March 2003:

The proportion of practical skills contact hours should be appropriate for the mode of delivery. In distance learning courses, a minimum of 40 teaching contact hours for practical skills and subjects should be set aside per academic year, which should be taught at least two block periods in any one academic year at a GOC approved learning environment.

### Supervision of PBL

In conjunction with the Scheme provider, the training institution should ensure that any PBL is carried out under the supervision of an appropriately qualified, registered and approved supervisor.

The GOC will expect the scheme provider and training institutions to give guidance to Supervisors that they will be expected to ensure students in practice are exposed to the appropriate categories of patients, as listed in the portfolio details in Appendix 9.

### Evidence of PBL

- 3.3.4 At all stages every effort should be made to ensure that the GOC Core Competencies are known by students and that appropriate tracking mechanisms are in place to log the achievement of the core competencies in their course work and PBL.
- 3.3.5 A feedback mechanism on patient experience (anonymous) encountered during the programme is required, through the use of the portfolio of records of patients seen, with a reflective commentary. Visitors will expect to see a regular monitoring process in place at the institution to ensure that each student accumulates appropriate patient records for that stage of their training, with all modes of delivery
- 3.3.6 Visitors will wish to sample the recording arrangements to check on the mechanisms for logging practical patient contact and to check that the methods of providing student feedback are satisfactory within the requirements of the Data Protection Legislation.

### **3.4 Governance**

- 3.4.1 The institution should provide a written protocol for adequate supervision during practical patient contact which occurs within the institution.
- 3.4.2 Visitors would expect to meet with the member of staff responsible for governance issues in ophthalmic dispensing and safety of the practical environment i.e. is adequate supervision given to students during practical patient contact.

## **4. Teaching, learning and assessment**

### **4.1 Teaching and Learning Techniques**

4.1.1 It is expected that teaching and learning should incorporate, for both practical and non-practical elements:

- a. a range of contemporary practices that are relevant to the needs of the discipline of ophthalmic dispensing and needs of students (incorporating new developments in educational technology) and to the future demands of primary and secondary health care;
- b. a variety of approaches to achieving and assessing learning which must be appropriate to its stated objectives, including:
  - lectures,
  - clinics and practical classes,
  - seminars,
  - workshops,
  - tutorials,
  - computer -aided learning
- c. the development of the students' ability to independently manage patient situations and problems evolving from gradual acquisition and application of skills;
- d. ways to develop students' skills of independent self-learning, self-management, team working and peer assessment;

### **4.2 Assessment Structures and Procedures**

4.2.1 It is expected that assessment structures and procedures should:

- a. combine formative and summative elements to promote scholarship and knowledge, for example, examinations (MCQ, short-answer, essay), essays, projects, and other assignments;
- b. equip students appropriately for pre-qualification experience in a variety of ophthalmic dispensing environments through the assessment of competence in the core curriculum areas, (as appropriate for the mode of delivery).
- c. provide sufficient feedback to students to enable maximum learning and achievement.

## **5. Student progression and achievement**

5.1 The institution should provide the following information for the past three cohorts of students:

- a. Entry requirements and entry grades.
- b. Numbers applying and accepted for each of the last three years.
- c. Information on the institution's attempts at widening participation and at appropriate induction arrangements for students with different needs, including the arrangements for assisting the induction of overseas students.
- d. Qualifications awarded and careers information and guidance

5.2 The institution to provide the following data on:

- a. Number and percentage of students who passed examinations in all subjects in each of the last three years showing grade, including drop out and progression rates for each year of the last three years.
- b. Number of students who completed or failed the Final Qualification Assessments in each of the last three years.
- c. If available, number of students who failed the professional examination at the first attempt; and an analysis by section of those who failed.

## **6 Teaching Institution Monitoring and Evaluation**

- 6.1 The GOC expects the Institution to indicate that it has a commitment to continuing quality enhancement and should describe its quality enhancement procedures. The Institution should demonstrate that the following procedures are in place and that they are effective:
- a. the appointment of at least two External Examiners, who must be either a dispensing optician or an optometrist and who should be involved in verifying the standard of work across the programme in all areas. The GOC would expect to see all the External Examiners' written reports produced since the last visit, covering all aspects of the programme, and in addition monitoring reports and internal validation reports for up to five years;
  - b. (in the case of established programmes), evidence of the response to previously relevant GOC's reports;
  - c. a Board of Examiners with an appropriately detailed set of Programme and Assessment Regulations;
  - d. appropriate arrangements for programme management and consultation (e.g. a Programme Board of Studies, Staff-Student Consultative Committee);
  - e. an annual monitoring process documenting appropriate meetings of staff and students with due discussion of appropriate programme data;
  - f. quinquennial review and evaluation, with appropriate external expert representation;
  - g. mechanisms for receiving feedback on programme quality from students and staff.

## **7 Teaching Institution, Programme Staffing**

### **7.1 Management and leadership of the programme**

7.1.1 The academic unit incorporating ophthalmic dispensing or, if this is an inappropriate definition, the dispensing optics programme, should have a registered senior dispensing optician or optometrist who is UK registered, in a leadership position for the programme, who would normally chair the Programme Committee or Board. This person should have appropriate technical and administrative support.

### **7.2 Teaching Staff Information**

7.2.1 The following standard information is required:

- a. a description of all staff (names) teaching on the programme along with their roles and their qualifications;
- b. [i] the total teaching hours for each person named on the above staffing list, [ii] the teaching hours allocated by each named staff member to the dispensing programme; and [iii] an indication of any impending changes of which the Institution is aware;
- c. a description of the resource allocation model applying to the ophthalmic dispensing programme;
- d. the total and net full-time equivalent (fte) student numbers for all programmes taught by the ophthalmic dispensing programme.
- e. The net staff/net student ratio for the programme.

The Visitors will determine whether the staffing information given above is appropriate and sufficient for the proper delivery of the programme(s).

7.2.6 A suggested proforma to capture the above information is shown at **Appendix 11**.

### **7.3 Support staff**

7.3.1 The number of staff supporting the programme and for the clinic/practical classes should be listed. These should include administrative assistants, secretaries, clinic receptionists, clinical administrators, and technical support staff.

### **7.4 Staff Development.**

7.4.1 The Institution should provide evidence of staff development programmes for staff employed in accredited programmes to include:

- a. the Institution's Policy Statement on Staff Development;
- b. pedagogical support for staff new to Institution teaching;
- c. opportunities for staff to remain abreast of professional registration requirements (clinical skills, major advances in knowledge and research);
- d. arrangements for the mentoring and general support of part-time staff;

## **8. Teaching Institution, Programme Resources and facilities**

**8.1** The Institution should provide the following information on resourcing:

- Any Funding Council total grant for the programme
- Any Teaching grant
- Any fee income
- Total consumables budget
- Institution overheads (charged to the programme)
- Clinic income (gross and net)
- Total expenditure
- Salary budget for the programme
- Part-time hours budget

### **8.2 Accommodation and Equipment**

8.2.1 The Institution should provide equipment that is suitable for practical training. The equipment should be fit for purpose and of an adequate quantity for the number of patients seen. In addition, the following information should be provided:

- a. a detailed list of all of the physical space occupied by the programme showing the area in square metres for all dedicated space (assigned to the programme) including laboratories, and clinical facilities;
- b. a detailed description of any clinical facility.
- c. a full list of equipment provided for the programme.

**8.3** The Institution is asked to provide its policy statement on learning resource strategy for utilisation of new educational technology, along with evidence of provision, functionality and its fitness for purpose.

**8.4** Library and information technology facilities in the forms of library books and journals, electronic information systems and information technology equipment and systems should be listed.

**PART B**

**GUIDANCE FOR THE APPROVAL OF**  
**SCHEMES FOR THE REGISTRATION OF**  
**UNITED KINGDOM TRAINED**  
**DISPENSING OPTICIANS**

## **Approval of Schemes for the Registration of Dispensing Opticians**

- 1. Introduction.** This section of the handbook will guide scheme providers, visitors, and officers in the design and delivery of Schemes for Registration of Dispensing Opticians. It is not intended to be overly prescriptive and it is hoped that it will encourage innovation.
- 2. Scheme design and construction.** The scheme provider has the responsibility for ensuring that all registered students have met the requirements of the entry standards to the profession of Ophthalmic Dispensing.

The scheme provider should describe the entirety of the various programmes and should identify the common areas of responsibility for the scheme provider and the training institution and the responsibilities of the training institution during the taught programme.

- 3. Pre-qualification period** Students on all modes will be required to gain experience of supervised practice, including patient contact, working alongside suitably qualified practitioners. This will be known as the pre-qualification period.

The Pre-qualification Portfolio should be used to link the taught programme, the clinical experience in placements and the pre-qualification period [PQP] experience. Competency based assessments should be carried out at suitable junctures during and at the end of the PQP. The achievement of all competencies should be verified and documented in the Portfolio.

Scheme Providers should ensure that:

1. soon after registration for the Scheme all students have a copy of the common Portfolio
2. responsibilities for Practice Based Learning (PBL) are clearly defined and agreed in conjunction with the training institutions
3. learning outcomes are stated and that they equate with GOC competencies
4. there is a coherent assessment strategy
5. employers provide a suitable environment for PBL
6. supervisors have the skills and experience to foster PBL
7. students know their rights and responsibilities
8. students get sufficient guidance and support
9. students are made aware of the complaints procedure .

#### **4. Role of GOC Audit.**

The GOC will seek to establish, via a Visit and a written report, that:

1. learning outcomes are clearly expressed and equate closely with GOC competencies
2. the pre-qualification period content reflects closely the stated learning outcomes and assessments measure appropriately their achievement

3. communication to ALL interested parties is effective
4. quality Assurance measures are in place

### **5.[a] Learning outcomes in the taught component**

Learning outcomes should be stated and equate closely with the GOC entry standard competencies for Dispensing Opticians in their academic experience and practical skills.

### **[b] Learning outcomes in the pre-qualification period**

1. The application of the knowledge from the taught theory courses should be utilised effectively in the PQP
2. The learning opportunities should lead to the stated learning outcomes of the PQP
3. The PQP structure should provide for some learning progression and increase the professional demands on students.

Visitors will observe and scrutinise documentary evidence in coming to judgements on:

1. Appropriateness of learning opportunities within the PQP
2. Effectiveness of the Scheme Providers assessments
3. Intended learning outcomes and actual student achievement

## **6. Assessment methods**

The Provider should indicate how the chosen methods of assessment are appropriate for the measurement of each learning outcome. This should involve:

1. A managed process (formative/summative) with clear criteria for each assessment point with evidence presented to the GOC to indicate how this criterion has been met
2. The involvement of an external reporting dimension (e.g. External Examiner or Assessor)
3. GOC Visitors in observing the assessment process and examining samples of PQP work and portfolios
4. Evidence of appropriate review of assessments throughout the PQP and unequivocal demonstration of achievement of GOC competencies

## 7. Quality of Learning Opportunities

The Provider should indicate how the best possible opportunities to enable students to meet the stated standards are ensured.

Visitors will assess:

1. The effectiveness of supervisor arrangements, including the supervisors' expertise/experience and the opportunities for their staff development
2. The practice environment and support made available to students
3. The learning opportunities and minimum resource necessary for student success (including accommodation and equipment strategies)
4. Student performance and the effectiveness of support/non-completion rates

## 8. Quality Assurance measures

The provider should indicate:

[a] How the management of standards and quality is implemented [for example, a programme committee, staff students committee, formal board of examiners etc].

Visitors may assess:

1. The setting of quality and standards, and measures to maintain/enhance quality
2. Robustness/security of decision making processes (eg Monitoring and evaluation of PQP, external inputs, overall scheme management)
3. Systems regarding the approval/review of supervisors and the suitability of the practice/placements

[b] The quality assurance feedback procedures which are utilised. Information will be required on:

1. the use of quantitative data/qualitative feedback
2. external examiner reports
3. the methods adopted in obtaining views of all stakeholders

[c] Student achievement and progression. Information will be required on:

1. statistics on summative achievement
2. analysis of performance across all sections
3. evaluation of progression and achievement rates

[d] Personal development opportunities. Information will be required on:

1. the opportunities and take up rates for supervisors
2. the opportunities for examiners/other assessment personnel and how these are reviewed
3. Scheme providers' own internal review of the effectiveness of the scheme and future plans

## **9 Responsibilities of Supervisors**

Supervisors must:

1. Be GOC registered and maintain the CET requirement
2. Meet GOC code in their professional practice
3. Ensure that their students are registered with the GOC
4. Meet the professional and practice criteria of the Provider
5. Provide continuous personal supervision, i.e. be in the practice when the student is in professional contact with patients and being able to intervene as necessary.
6. Support, observe, teach and appraise the students.
7. Provide a sufficient learning environment
8. Give their students a written placement agreement that is approved by the Scheme Provider
9. Be familiar with the assessment requirements, guidelines and regulations of the Scheme provider and the GOC
10. Provide appropriate equipment to meet the requirements of the Scheme provider

## **10. Responsibilities of Scheme Provider**

The Provider should demonstrate that:

1. They have evidence of suitable procedures in place including assessment of the practice and supervisor, to ensure that Supervisors meet the listed requirements.
2. They have provided written guidance to the supervisor and student on the aims and objectives of the PQP
3. They have and will continue to have sufficient resources to discharge their responsibilities effectively.

## Appendix 1

### The Legal Framework for the Approval Training Institutions and of Schemes for Registration

- A1. The Opticians Act 1989 provides the legal framework within which the GOC operates.
- A2. The GOC regulates the professions of optometry and ophthalmic dispensing in the United Kingdom. Section 1 of the Act gives the GOC the remit of promoting and enforcing high standards of education, training and conduct, so as to ensure an adequate and safe standard of eye-care. It registers those suitably qualified as optometrists and dispensing opticians
- A3. **Section 8(1) of the Opticians Act states that any person who satisfies the Council-**
- (a) that he holds a qualification as an optometrist or dispensing optician for the time being approved by the GOC under section 12 (below), being a qualification granted to him after receiving instruction from one or more of the institutions so approved; and
  - (b) that he has had adequate practical experience in the work of an ophthalmic or dispensing optician,
- shall be entitled to be registered in the appropriate register.
- A4. **Sections 12(1) and (2) of the Act state that**
- (1) the Council may approve for the purposes of the Act any institution where the instruction given to persons training as opticians appears to the Council to be such as to secure to them adequate knowledge and skill for the practice of their profession; and
  - (2) that the Council may approve for the purposes of the Act any qualification which appears to the Council to be granted to candidates who reach such a standard of proficiency at a qualifying examination as to secure to them adequate knowledge and skill for the practice of their profession.
- A5. **Visitors are appointed under the provisions of Section 13 of the Act.**

## **Appendix 2**

### **Modern Principles of Professional Self-Regulation in the Health Field**

Regulatory bodies:

1. are accountable to the public and Parliament for their actions and performance;
2. must set clearly expressed standards of the knowledge, skills, experience, attitudes and values necessary for continuing practice;
3. must demonstrate that their activities are conducted in an open and clear manner;
4. must concern themselves with the competence and conduct of practitioners at all stages in their careers;
5. must not delay in taking action to protect patients from serious adverse outcomes of care when such circumstances arise;
6. must demonstrate their objectivity in making assessments and forming judgments about performance;
7. must show that their procedures are free of racial and other forms of bias or discrimination;
8. must take proper account of the health service context when making interventions;
9. which are involved in education, must produce clearly stated standards for professional education and training by which the providers of education and training can be monitored and held to account;
10. must operate clear and independent disputes procedures;
11. must supply appropriate and valid information on their regulatory activities;
12. must demonstrate an ability to work across different regulatory boundaries to develop consistent standards;
13. must retain high public confidence and have sufficient lay involvement to make an effective contribution in their governance and operation;
14. must ensure that those being regulated understand what is expected of them and the role of the regulatory body in relation to their practice and wider health services;
15. must review and update standards regularly taking account of feedback from patients, practitioners and other interested parties;
16. must ensure that their procedures are well-defined and transparent, that they are operated in a way that is fair and sensitive, and that their efforts to enforce standards are targeted in a way that is proportionate to the seriousness of the problems involved;
17. must work in partnership with the NHS and with other organisations who provide or manage health care, thus enabling NHS organisations to achieve high standards of quality/care for all those for whom the NHS is responsible.

## **Appendix 3**

### **A. The Visit format for Established Programmes to Training Institutions**

The Visiting team will always comprise of at least the following:

- Visitor Chair
- One Optometrist Visitor
- One Educationist Visitor
- Two Dispensing Optician Visitors

In the case of training institutions, the Visitors will wish to meet the following persons during the Visit, which will normally last no longer than 3 days:

- Vice-Chancellor and/or appropriate senior Institution managers
- The Head of Programme or the equivalent person
- The Clinic Manager (if appropriate)
- Staff teaching on the programme
- Support staff
- Staff from relevant Institution services (e.g. library)
- Students from each cohort
- Local Employers
- Local Supervisors
- Recent Diplomates

A record will be kept of these meetings

The Visitors will wish to observe the following:

- Teaching sessions
- Practical/Clinic sessions
- All equipment and facilities

NB: Under certain circumstances the Education Committee may deem it necessary to send Education Committee Panel Visitors.

## **B. The Visit format for Established Programmes for Scheme Providers**

The Visiting team will always comprise of at least the following:

- Visitor Chair
- One Optometrist Visitor
- One Educationist Visitor
- Two Dispensing Optician Visitors

The Visitors will wish to meet the following persons during the Visit, which will last no longer than three days:

- Head of Examinations and appropriate staff members (senior staff and administrators)
- Director of specific examinations
- Examining team
- Examinees
- Personnel involved in supporting students during the PBL, e.g. Supervisors, local employers, as appropriate
- Recent Diplomates
- External Examiner(s) (where appropriate)
- The Chair of the Assessment Board

A record will be kept of these meetings

The Visitors will wish to observe the following:

- The practical assessments and vivas
- Portfolios and any other written assessments/records
- A sample of the theory examination papers and scripts

NB: Under certain circumstances the Education Committee may deem it necessary to send Education Committee Panel Visitors.

## **Appendix 4**

### **Timescale and stages of the approval process**

A Letter will be sent to existing providers one year before the process is due to commence, which will trigger the requirements as stated in this handbook, for example a statement of required documentation, briefing of Visitors etc

Approximately four weeks after the dispatch of the letter an Officer of the GOC will make contact with the Head of Department to negotiate the broad timeframe for the Visit including appropriate milestones over the coming months culminating in the actual Visit.

Following the Visit a first draft of the written report to Visitors will be sent to Visitors (see **Appendix 5**) and the second draft of the Visit Report will be sent to the Training Institution/provider for factual correction. Once the factual corrections have been received, a final Report will be sent to the training institution/provider for their official response.

Once the official response is received from the training institution, it is circulated to the Visitors for comment. The responses from the Visitors are then submitted, along with a copy of the training institutions response and the Visit Report to the next Education Committee Meeting.

Following Education Committee's review of these documents, its recommendations will be submitted to Council. Council's decision will then be communicated to the Training Institute/provider.

## **Appendix 5**

### **The Written Report**

The written report will take the following format:

- Brief introduction to the Institution/provider.
- Visit Recommendations and Conclusion under the following sections:
  - Programme / Scheme construction . programme design, match with core competencies and syllabus / assessment process
  - Staffing . leadership, staff-student ratios, other staff, staff development / Examination Board and examiners
  - Resources and facilities . financial, accommodation, equipment, library
  - Teaching, learning and assessment / Portfolios, assessments Supervisor arrangements
  - Student progression and achievement
  - Monitoring and evaluation
  - Period of approval and associated conditions
- Appendices

## **Appendix 6**

### **Procedure for approving 'new' training institutions/providers and 'new' programmes/schemes:**

Training institutions/providers should be aware that the GOC considers that in order to form an effective proposal for a new programme about 2 years preparation time is required. Training institutions/providers considering new programmes/schemes should therefore contact the GOC at the earliest opportunity to agree a suitable timescale for the appropriate development and consideration of the proposal.

- a. The training institution/provider should make a written submission to the Education Committee outlining its intentions for the new provision, giving the same details as required by this Handbook for established programmes/schemes.
- b. Education Committee meets three times a year, in February, May and September. Papers for the Committee go out (usually) two weeks before a meeting.
- c. Once it has received outline details and considers these the Committee will ask a Group from within its own membership to visit the training institution/provider offering to new provision so as to take the matter further. This is not a Panel Visit. The role of the Education Committee Visitors to a new programme (or new examination etc) is:
  - i) To offer any assistance and advice to the training institution/provider in the establishment of the programme;
  - ii) advise the Education Committee on whether provisional approval should be granted to the programme; and
  - iii) ensure that matters of public safety are addressed.
- d. The Committee would receive a report of that preliminary meeting, which will enable the Committee to advise Council whether provisional approval should be granted so that the institution/provider can start recruiting students.
- e. Once the programme has started the Committee Visitors will visit in each year of its development.
- f. A report to the Education Committee will be produced after each Committee Visit and provisional approval can be withdrawn at any stage. The development process may extend beyond the stated period of the training course and assessments.
- g. When the Committee is satisfied it will advise Council to visit formally and it will then be a matter for the Council to decide on full approval, which initially may be for a shorter period than the usual five years.

At its meeting of 6 March 2003, the General Optical Council agreed the following policy statement:

*'Training Institutions/providers wishing to provide training courses for entry to pre-registration arrangements for Optometry or Dispensing Optics, should obtain provisional approval for their proposals BEFORE students are enrolled to the training course. If students are enrolled before provisional approval is secured, the GOC will NOT give provisional approval to that part of the course which has run prior to provisional approval being granted.'*

**Appendix 7**

**GENERAL OPTICAL COUNCIL**  
**The Revised Core Competencies for Registration as**  
**DISPENSING OPTICIAN**  
**(Ophthalmic Dispensing Profession)**  
**APPROVED BY THE GENERAL OPTICAL COUNCIL ON**  
**1 JULY 2004**

**GLOSSARY**  
**Words and Phrases**

<b>Competency Title</b>	One of the eight competencies areas identified by the GOC
<b>Stem Statement</b>	An over-arching statement which explains and expands the competency title.
<b>Critical Competency Competencies</b>	Those competencies which a candidate must demonstrate before entry to the Opticians Register.
<b>Foundation Knowledge &amp; Skills</b>	Refers to knowledge and skills which are required to be achieved by students in order to prepare for achievement of applied knowledge and skills.  <i><b>Note:</b> Foundation Knowledge and Skills are given in outline form reflecting aspects of the current curriculum. It would be for the training institutions to interpret and determine the extent to which these are taught, bearing in mind the necessity to have sufficient learning time to achieve the applied knowledge and skills.</i>
<b>Applied Knowledge &amp; Skills</b>	Refers to knowledge and skills which are required to be achieved by students in order to be able to meet the required relevant critical competencies.
<b>Ability to..</b>	Being able to .....and/or permitted to under current legislation
<b>Understanding</b>	To comprehend, to perceive the meaning of but not necessarily having the ability to do it.....
<b>Communication</b>	All forms of inter-personal communication <del>w</del> ritten formsq 'asking' 'listening' 'explaining' 'discussing'.
<b>Ophthalmic</b>	Includes all disciplines within optics
<b>Special Optical Appliances</b>	An optical appliances with or without the means of correcting a refractive error for medical, vocational or any other specified purpose.
<b>*<del>M</del>anagement' in Low Vision</b>	Means assessing the patient for appropriate low vision aids and other associated services, taking into account the patient's visual ability with the level of vision he/she possesses.

## 1. Communication Skills

The ability to seek and communicate relevant information from and to patients in an effective and appropriate manner.

<b><i>Critical competencies:</i></b>
<b>1.1 The ability to communicate effectively with the patient, taking into account his/her physical, emotional, intellectual and cultural background, and to take accurate history from patients with a range of ophthalmic problems and needs.</b>
<b>1.2 The ability to deal effectively with patient concerns and complaints.</b>

<b><i>Applied Knowledge and skills:</i></b>
1.3 An understanding of the importance and significance of family history, signs and symptoms including a recognition of the importance of the patient's health status, medication, work, sports, lifestyle and special skills.
1.4 The development of the key skills of listening to patients and explaining and discussing with them ophthalmic matters, taking into account relevant individual characteristics.
1.5 The ability to understand patients' fears, anxieties and concerns about their visual welfare in the eye examination and its outcome.
1.6 The ability to discuss with the patient an understanding of systemic disease and its ocular impact, its treatment and the possible ocular side effects of medication.
1.7 The ability to understand the patient's expectations and aspirations and managing situations where these cannot be met.
1.8 The ability to recognise cultural diversity, and to communicate with patients who have poor or non-verbal communication skills, or those who are confused, reticent or misled.

## 2. Professional Conduct

In fulfilling his/her duty of care a Dispensing Optician must have an understanding and working knowledge of the relevant legislation and civil laws, as well as codes of conduct and professional guidance to be able to care for, respect and protect the rights, dignity, privacy and confidentiality of patients.

### ***Critical competencies***

**2.1 The demonstration of the ability to manage a patient's care in a safe, ethical and confidential environment.**

**2.2 The demonstration of the ability to keep clear, accurate and contemporaneous patient records, which record all relevant findings and decisions made.**

### ***Applied Knowledge and Skills***

2.3 Have an understanding and working knowledge of health care delivery systems to be able to demonstrate an ability to care for patients who have additional clinical or social needs.

2.4 Demonstrate the ability to interpret and respond appropriately to patient records and other relevant information. Demonstrate the ability to work within a multi-disciplinary team and within the guidelines and codes set of the profession.

2.5 Demonstrate an understanding of the importance of their legal and ethical responsibilities in relation to the publication, advertising and broadcasting information of services, facilities and goods.

2.6 Demonstrate the ability to act with probity in professional practice. This includes:

- keeping clear, accurate and contemporaneous records of financial transactions relating to fees and vouchers and other financial information;
- the provision of information about payment of fees by all means and other costs relevant to patients needs and wants;
- a knowledge and understanding of professional guidance in relation to conflicts of interest.

2.7 Demonstrate an understanding of the importance of Health and Safety issues in the workplace, for themselves as employees and for patients.

### 3. Refractive Management

An understanding of methods of assessing vision, refraction, binocular status and visual acuity in all patients.

<b><i>Critical competence</i></b>
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<b>3.1 An understanding of refractive prescribing and management decisions.</b>
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<b><i>Applied Knowledge and Skills</i></b>
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3.2 A knowledge and understanding of the use of ocular diagnostic drugs to aid refraction.
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3.3 An understanding of the methods of refracting children, a knowledge and understanding of cycloplegic drugs and their effects, and an understanding of prescribing and management decisions.
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3.4 An understanding of the refraction of patients with reduced visual acuity.
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3.5 An understanding of the investigation and management of patients presenting with heterophoria, heterotropia and amblyopia based anomalies of binocular vision, including the relevance of history and the recognition of any clinical symptoms.
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3.6 An understanding of the objective and subjective tests necessary to investigate binocular status.
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3.7 An understanding of likely management options including: vision training, refractive correction, modified refractive correction and prismatic correction, related to the prescribing of the appliance.
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3.8 An understanding of the investigation and management of patients presenting with incomitant deviations, including the recognition of symptoms and referral advice.
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3.9 An awareness of the special examination needs of patients with learning and other disabilities.
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3.10 An awareness of the diagnostic methods for patients with field defects.
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#### 4. Optical Appliances

The ability to dispense an appropriate optical appliance.

<b><i>Critical competencies;</i></b>
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<b>4.1 The ability to interpret and dispense a prescription using appropriate lenses and facial and frame measurements.</b>
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<b>4.2 The ability to advise on and dispense appropriate spectacle frame types and materials and lens forms and materials.</b>
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<b>4.3 The ability to dispense optical low vision aids</b>
--

<b>4.4 The ability to relate the development of a child's facial anatomy to the fitting of optical appliances.</b>
--

<b><i>Applied Knowledge and Skills</i></b>
--

4.5 The ability to identify anomalies in a prescription and implement the appropriate course of action
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4.6 The ability to measure and verify optical appliances including the replication of existing spectacles, taking into account relevant standards where applicable.
---

4.7 The ability to match the form, type and positioning of lenses to meet all the patient's needs and requirements.
---

4.8 Demonstrate a knowledge of personal eye protection regulations and relevant standards, and the ability to appropriately advise patients on occupational visual requirements.
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4.9 The ability to recommend and dispense special optical appliances.
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4.10 Demonstrate a knowledge of frame and lens manufacturing and the application of special lens treatments.
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4.11 The ability to identify current and obsolete frame materials and consider their properties when handling, adjusting, repairing and dispensing.
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## 5. Contact Lenses

An understanding of the choice, fitting and management of contact lenses.

<b><i>Critical Competence</i></b>
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<b>5.1 An understanding of the symptoms and signs of serious contact lens complications.</b>
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<b><i>Applied Knowledge and Skills</i></b>
--

5.2 An understanding of contact lens types and materials, their benefits and disadvantages, and their most appropriate applications.
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5.3 An understanding of the initial contact lens selection and fitting of RGP and soft contact lens patients.
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5.4 A knowledge of the different methods of contact lens removal and the ability to remove the lens in an emergency, if feasible and the ability to discuss the use of care regimes .
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5.5 An understanding of both the aftercare of patients wearing RGP and soft contact lenses and the management of any complications.
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## 6. Low Vision

The \*management of low vision patients.

<b><i>Critical competencies</i></b>
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<b>6.1 An understanding of the causes of low vision and their effects on vision.</b>
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<b>6.2 The ability to assess a patient with low vision.</b>
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<b>6.3 The ability to advise on the use of and dispense appropriate low vision aids.</b>
--

<b><i>Applied knowledge and skills</i></b>
--

6.4 The ability to <u>consider</u> the effectiveness of current refraction of patients with low visual acuity and to refer back where appropriate.
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6.5 An understanding of the assessment of visual function, including the use of logMAR and other specialist charts, and the effects of illumination, contrast and glare.
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6.6 An understanding of the assessment of the visual field of patients with reduced vision.
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6.7 An understanding of binocular vision in relation to low vision appliances.
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6.8 A knowledge of the relevance of optical low vision aids and of common types of non-optical low vision aid.
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6.9 The ability to advise low vision patients on illumination, glare and contrast.
--

6.10 The ability to advise patients about their impairment and its consequences.
--

6.11 An understanding of the need for multi- and inter-disciplinary approaches to low vision care.
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6.12 The ability to refer low vision patients to other agencies where appropriate.
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6.13 After-care management of low vision patients.
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\* see glossary

## 7. Ocular Examination and Technique

An understanding of the technologies used in the examination of the eye and adnexa.

<b><i>Critical competence</i></b>
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<b>7.1 An understanding of the purpose and use of the instruments used in the examination of the eye and adnexa, and the implications of results.</b>
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<b><i>Applied knowledge and skills</i></b>
--

7.2 An understanding of the examination of the external eye and anterior segment by use of the slit lamp.
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7.3 An understanding of the appropriate ocular diagnostic drugs to aid ocular examination and investigation.
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7.4 An understanding of the examination of the fundus using either a direct or indirect ophthalmoscope.
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7.5 An understanding of the methods of assessment of colour vision.
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7.6 An understanding of methods of assessment of corneal shape and integrity.
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7.7 An understanding of the instruments involved in visual field analysis and of the results.
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7.8 An understanding of the use of a tonometer and of the results.
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## 8. Ocular Abnormalities

An understanding of the relevance of ocular disease.

<b><i>Critical competencies</i></b>
<b>8.1 The ability to recognise conditions and symptoms requiring referral and/or emergency referral and the demonstration of the ability to take appropriate action.</b>

<b><i>Applied knowledge and Skills</i></b>
8.2 The ability to identify common diseases of the external eye and adnexa.
8.3 An understanding of symptoms associated with internal eye disease.
<u>8.4 An understanding of the clinical treatment of a range of significant ocular diseases/disorders and conditions.</u>
<u>8.5 An understanding of the clinical treatment of a range of systemic diseases with ocular manifestations and adverse ocular reactions to medication.</u>
<u>8.6 An understanding of the implications of the manifestations of eye disease.</u>
<b>8.7 The ability to recognise and deal with ocular emergencies.</b>



**A RECOMMENDED  
OUTLINE CORE CURRICULUM FOR  
DISPENSING OPTICIANS**

**Note to readers**

The GOC has prepared this recommended core curriculum to give guidance to training institutions on how to present their training programmes. The GOC recommended core curriculum is not intended to be prescriptive. It is emphasised that it is the training institutions that are the experts in the delivery of their programmes. It is expected that the training institutions will use the GOC recommended curriculum as the building blocks upon which to build the details of their programmes.

For this reason, the GOC has decided that the content of the recommended core curriculum should make no reference to the required foundation skills and knowledge. These had been omitted on the basis that each institution will consider which foundation skills and knowledge it should teach in order to underpin the outline core curriculum.

<b>COMPETENCY TITLE:</b>	<b>1. Communication Skills</b>
<b>STEM STATEMENT:</b>	<b>The ability to seek and communicate relevant information from and to patients in an effective and appropriate manner.</b>
<b>CRITICAL COMPETENCE(S);</b>	<p><b>1.1 The ability to communicate effectively with the patient, taking into account his/her physical, emotional, intellectual and cultural background and to take accurate history from patients with a range of ophthalmic problems and needs.</b></p> <p><b>1.2 The ability to deal effectively with patient concerns and complaints.</b></p>
<b><i>TO ACHIEVE THE CRITICAL COMPETENCE(S) STUDENTS NEED THE FOLLOWING APPLIED KNOWLEDGE &amp; SKILLS:</i></b>	
<p><b>1.3 An understanding of the importance and significance of family history, signs and symptoms including a recognition of the importance of the patient's health status, medication, work, sports, lifestyle and special skills.</b></p> <p>1.3.1. Task analysis</p> <p>1.3.2. Analysing information</p> <p>1.3.3. Interpreting verbal and written information</p> <p>1.3.4. Effective questioning</p>	

1.3.5. Decision Making

**1.4 The development of the key skills of listening to patients and explaining and discussing with them ophthalmic matters, taking into account relevant individual characteristics.**

1.4.1. Two way communication

1.4.2. Listening skills

**1.5 The ability to understand patients' fears, anxieties and concerns about their visual welfare in the eye examination and its outcome.**

1.5.1. Handling difficult patients

1.5.2. Dealing with people who are upset

1.5.3. Non verbal communication

1.5.4. Developing empathy

1.5.5. Maintain and respect confidentiality

**1.6 The ability to discuss with the patient an understanding of systemic disease and its ocular impact, its treatment and the possible ocular side effects of medication.**

1.6.1. Working within limits of responsibility

1.6.2. Two way communication

**1.7 The ability to understand the patient's expectations and aspirations and managing situations where these cannot be met.**

1.7.1. Managing conflict

1.7.2. Dealing with people who are upset

1.7.3. Negotiating skills

1.7.4. Overcoming barriers

1.7.5. Handling Complaints

**1.8 The ability to recognise cultural diversity, and to communicate with patients who have poor or non-verbal communication skills, or those who are confused, reticent or misled.**

1.8.1. Cultural sensitivity

1.8.2. Non verbal communication

1.8.3. Using appropriate language

1.8.4. Interprets patient responses

1.8.5. Confirming understanding

<b>COMPETENCY TITLE:</b>	<b>2. Professional conduct</b>
<b>STEM STATEMENT:</b>	In fulfilling his/her duty of care a Dispensing Optician must have an understanding and working knowledge of the relevant legislation and civil laws, as well as codes of conduct and professional guidance to be able to care for, respect and protect the rights, dignity, privacy and confidentiality of patients.
<b>CRITICAL COMPETENCE(S):</b>	<p><b>2.1 The demonstration of the ability to manage a patient's care in a safe, ethical and confidential environment.</b></p> <p><b>2.2 The demonstration of the ability to keep clear, accurate and contemporaneous patient records, which record all relevant findings and decisions made.</b></p>
<i>TO ACHIEVE THE CRITICAL COMPETENCE(S) STUDENTS NEED THE FOLLOWING</i>	
<b>APPLIED KNOWLEDGE &amp; SKILLS:</b>	
<p><b>2.3 Have an understanding and working knowledge of health care delivery systems to be able to demonstrate an ability to care for patients who have additional clinical or social needs.</b></p> <p>2.3.1. The implications of current UK and European legislation and policies relevant to the dispensing of ophthalmic appliances.</p> <p>2.3.2. The interpretation of current legislation regarding the referral and duty of care . generally and in particular for patients with special needs.</p> <p><b>2.4 Demonstrate the ability to interpret and respond appropriately to patient records and other relevant information. Demonstrate the ability to work within a multi-disciplinary team and within the guidelines and codes set for the profession.</b></p> <p>2.4.1. The Code of Professional Conduct as established by the GOC and the implications of UK and European legislation on fitness to practise</p> <p>2.4.2. The Advice and Guidelines on Professional Conduct of the professional body (ABDO).</p> <p>2.4.3. The implications of working as part of a multi-disciplinary team</p> <p>2.4.3. The range and limitations of duties and decisions in Ophthalmic Dispensing</p> <p><b>2.5 Demonstrate an understanding of the importance of their legal and ethical responsibilities in relation to the publication, advertising and broadcasting information of services, facilities and goods.</b></p> <p>2.5.1 The implications of any general and optical legislation and guidelines regarding publicity /advertising/media</p> <p>2.5.2. The ethical issues involved in publicity / advertising/media</p>	

**2.6 Demonstrate the ability to act with probity in professional practice. This includes:**

- ◆ **Keeping clear, accurate and contemporaneous records of financial transactions relating to fees and vouchers and other financial information;**
- ◆ **The provision of information about payment of fees by all means and other costs relevant to patients needs and wants;**
- ◆ **A knowledge and understanding of professional guidance in relation to conflicts of interest.**

2.6.1. The current legislation and policies regarding financial support for the purchase of optical appliances.

2.6.2. Basic business management and financial accounting.

2.6.3. The implications and interpretation of current consumer legislation

**2.7 Demonstrate an understanding of the importance of Health and Safety issues in the workplace, for themselves as employees and for patients.**

2.7.1. The implications of current legislation regarding employment and health and safety at work, including cross-infection.

2.7.2. Current legislation and policies regarding professional and practice indemnity insurance

<b>COMPETENCY TITLE:</b>	<b>3. Refractive Management</b>
<b>STEM STATEMENT:</b>	<b>An understanding of methods of assessing vision, refraction, binocular status and visual acuity in all patients.</b>
<b>CRITICAL COMPETENCE(S):</b>	<b>3.1 An understanding of refractive prescribing and management decisions.</b>
<b><i>TO ACHIEVE THE CRITICAL COMPETENCE(S) STUDENTS NEED THE FOLLOWING APPLIED KNOWLEDGE &amp; SKILLS:</i></b>	
<p><b>3.2 A knowledge and understanding of the use of ocular diagnostic drugs to aid refraction.</b></p> <p>3.2.1. Overview of ophthalmic diagnostic drugs</p> <p><b>3.3 An understanding of the methods of refracting children, a knowledge and understanding of cycloplegic drugs and their effects, and an understanding of prescribing and management decisions.</b></p> <p>3.3.1. Refractive techniques and test types for paediatric use</p> <p>3.3.2. Overview of the use of cycloplegic drugs</p> <p>3.3.3 Interpretation of results</p> <p><b>3.4 An understanding of the refraction of patients with reduced visual acuity</b></p> <p>3.4.1. Refractive techniques and test types for patients with reduced visual acuity</p> <p>3.4.2. Interpretation of results</p> <p><b>3.5 An understanding of the investigation and management of patients presenting with heterophoria, heterotropia and amblyopia based anomalies of binocular vision, including the relevance of history and the recognition of any clinical symptoms.</b></p> <p>3.5.1. Basic relevant aetiology</p> <p>3.5.2. Heterophoria, heterotropia and other binocular vision anomalies</p> <p><b>3.6 An understanding of the objective and subjective tests necessary to investigate binocular status</b></p> <p>3.6.1. Tests to investigate binocular status</p>	

**3.7 An understanding of likely management options including: vision training, refractive correction, modified refractive correction and prismatic correction, related to the prescribing of the appliance.**

3.7.1. Optometric management of binocular insufficiencies.

3.7.2. Refractive Surgical procedures . current practice and procedures available

**3.8 An understanding of the investigation and management of patients presenting with incomitant deviations, including the recognition of symptoms and referral advice.**

3.8.1. Tests to investigate comitancy of ocular deviation.

**3.9 An awareness of the special examination needs of patients with learning and other disabilities.**

3.9.1. Overview of the needs of patients with learning and other disabilities.

**3.10 An awareness of the diagnostic methods for patients with field defects.**

3.10.1. Visual field and its measurement.

<b>COMPETENCY TITLE:</b>	<b>4. Optical Appliances</b>
<b>STEM STATEMENT:</b>	<b>The ability to dispense an appropriate optical appliance.</b>
<b>CRITICAL COMPETENCE(S):</b>	<p><b>4.1 The ability to interpret and dispense a prescription using appropriate lenses and facial and frame measurements.</b></p> <p><b>4.2 The ability to advise on and dispense appropriate spectacle frame types and materials and lens forms and materials.</b></p> <p><b>4.3 The ability to dispense optical low vision aids</b></p> <p><b>4.4 The ability to relate the development of a child's facial anatomy to the fitting of optical appliances.</b></p>
<i>TO ACHIEVE THE CRITICAL COMPETENCE(S) STUDENTS NEED THE FOLLOWING:</i>	
<b>APPLIED KNOWLEDGE &amp; SKILLS:</b>	
<p><b>4.5 The ability to identify anomalies in a prescription and implement the appropriate course of action.</b></p> <p>4.5.1. When to modify and when to refer a prescription.</p> <p>4.5.2. The identification of incomplete, inaccurate and ambiguous prescriptions.</p> <p><b>4.6 The ability to measure and verify optical appliances including the replication of existing spectacles, taking into account relevant standards where applicable.</b></p> <p>4.6.1. How to determine and record information for single vision, bifocal and progressive power lenses.</p> <p>4.6.2. The measurement of vertex powers in the distance and near portions of lenses</p> <p>4.6.3. How to check and record where appropriate any errors in a pair of spectacles with reference to appropriate standards.</p> <p>4.6.4. The recognition of lens data.</p>	

**4.7 The ability to match the form, type and positioning of lenses to meet all the patient's needs and requirements.**

- 4.7.1. The prismatic effect at any point on a single vision or bifocal lens.
- 4.7.2. The prismatic effect produced by decentring a single vision lens.
- 4.7.3. The decentration required to produce specified amounts of prism.
- 4.7.4. Curvature of the cylindrical surface. Notional cylinder power.
- 4.7.5. Calculation of the edge and centre thickness of spherical and astigmatic lenses.
- 4.7.6. Calculation of the thickness of an astigmatic prism.
- 4.7.7. Summation of obliquely combined cylinders.
- 4.7.8. Spectacle lens media and availability. Comparison of properties of glass and plastics media. Significance of curve variation factor, density, Abbe number.
- 4.7.9. Lenticular lenses, Bi-centric lenses.
- 4.7.10. Bifocal, trifocal and progressive power lenses.
- 4.7.11. Taking and recording adult facial and frame measurements
- 4.7.12. Taking and recording children's facial and frame measurements
- 4.7.13. Aberrations and their influence on the performance of ophthalmic lenses.
- 4.7.14. Monochromatic aberrations of high power ophthalmic lenses and effects on vision.
- 4.7.15. Front and back surface compensation. Modifications to account for differing vertex distances.
- 4.7.16. Near vision effectivity error.
- 4.7.17. Spectacle magnification.
- 4.7.18. Aspherical surfaces on spectacle lenses.
- 4.7.19. Reflections (ghost images) in spectacle lenses and methods of reducing unwanted reflections.
- 4.7.20. Magnification properties of optical appliances including angular magnification, nominal magnification and maximum magnification of low vision appliances
- 4.7.21. Design and use of iseikonic lenses
- 4.7.22. Properties and application of tinted spectacle lenses
- 4.7.23. The design of spectacle lenses for children

**4.8 Demonstrate a knowledge of personal eye protection regulations and relevant standards, and the ability to appropriately advise patients on occupational visual requirements.**

4.8.1. International Standards affecting the dispensing, testing and supply of personal eye protection.

4.8.2. The manufacture of spectacle lenses and frames to international safety standards.

4.8.3. Legal responsibilities and safety standards.

**4.9 The ability to recommend and dispense special optical appliances.**

4.9.1. The manufacture design and fitting of optical appliances with or without means of correcting a refractive error, for medical, vocational or any other specified purpose.

4.9.2. Optical principles of hand and stand magnifiers, spectacle magnifiers, loupes, telescopes, bar magnifiers, fresnel sheets.

4.9.3. Design, availability and suitability of optical low vision aids.

4.9.4. Relevance of spectacles to different types of optical low vision aids

4.9.5. British and International Standards for low vision aids.

**4.10 Demonstrate a knowledge of frame and lens manufacturing and the application of special lens treatments.**

4.10.1. The manufacture and application of hydrophobic and scratch resistance coatings.

4.10.2. Raw materials of frame and lens manufacture.

4.10.3. Methods of surfacing, moulding and polishing lens material

4.10.4. Methods of tinting spectacle lenses.

4.10.5. The construction of adult's spectacle frames.

4.10.6 The construction of children's spectacle frames

**4.11 The ability to identify current and obsolete frame materials and consider their properties when handling, adjusting, repairing and dispensing.**

4.11.1. Adjustment properties of plastics and metal frame materials

4.11.2. The identification and use of tools for adjustments and repairs

4.11.3. The identification characteristics of frame materials

<b>COMPETENCY TITLE:</b>	<b>5. Contact Lenses</b>
<b>STEM STATEMENT:</b>	<b>An understanding of the choice, fitting and management of contact lenses.</b>
<b>CRITICAL COMPETENCE(S):</b>	<b>5.1 An understanding of the symptoms and signs of serious contact lens complications.</b>
<i>TO ACHIEVE THE CRITICAL COMPETENCE(S) STUDENTS NEED THE FOLLOWING:</i>	
<b>APPLIED KNOWLEDGE &amp; SKILLS:</b>	
<p><b>5.2 An understanding of contact lens types and materials, their benefits and disadvantages, and their most appropriate applications.</b></p> <p>5.2.1. Overview of contact lens types including benefits and disadvantages</p> <p>5.2.2. Overview of contact lens materials including benefits and disadvantages</p> <p>5.2.3. Optical comparisons of spectacles and contact lenses</p> <p>5.2.4. Overview of therapeutic use of contact lenses</p> <p>5.2.5. Overview of dispensing contact lenses for the low vision patient</p> <p><b>5.3. An understanding of the initial contact lens selection and fitting of RGP and soft contact lens patients.</b></p> <p>5.3.1. Overview of factors which effect the choice of design and parameters of all types of contact lenses</p> <p><b>5.4 A knowledge of the different methods of contact lens removal and the ability to remove the lens in an emergency if feasible, and the ability to discuss the use of care regimes.</b></p> <p>5.4.1. Methods of contact lens insertion and removal by the patient . of all contact lens types.</p> <p>5.4.2. Methods of removal of all lens types by someone other than the patient</p> <p>5.4.3. Use of the products involved in contact lens care regimes</p> <p>5.4.4. Awareness of the limitation of knowledge regarding the removal of a contact lens</p> <p><b>5.5 An understanding of both the aftercare of patients wearing RGP and soft contact lenses and the management of any complications.</b></p> <p>5.5.1. The format and content of an aftercare consultation for all types of contact lenses</p> <p>5.5.2. Management of contact lens aftercare issues for all contact lens types</p> <p>5.5.3. Signs, symptoms and differential diagnosis of serious contact lens complications</p> <p>5.5.4. Overview of treatment of serious contact lens complications.</p>	

<b>COMPETENCY TITLE:</b>	<b>6. Low Vision</b>
<b>STEM STATEMENT:</b>	<b>The management of low vision patients.</b>
<b>CRITICAL COMPETENCE(S):</b>	<b>6.1 An understanding of the causes of low vision and their effects on vision.</b> <b>6.2 The ability to assess a patient with low vision.</b> <b>6.3 The ability to advise on the use of, and dispense appropriate low vision aids.</b>
<p><i>TO ACHIEVE THE CRITICAL COMPETENCE(S) STUDENTS NEED THE FOLLOWING:</i></p> <p><b>APPLIED KNOWLEDGE &amp; SKILLS:</b></p>	
<p><b>6.4 The ability to consider the effectiveness of current refraction of patients with low visual acuity and to refer back where appropriate.</b></p> <p>6.4.1. Definition of vision, low vision, visual acuity and visual field</p> <p>6.4.2. Methods of refractive verification, relevance of pin hole and least distance of distinct vision (LDDV)</p> <p>6.4.3. Distance and near test charts</p> <p>6.4.4. Criteria for referral for new prescription</p> <p>6.4.5. Low vision and contact lenses</p> <p><b>6.5 An understanding of the assessment of visual function, including the use of LogMAR and other specialist charts, and the effects of illumination, contrast and glare.</b></p> <p>6.5.1. Effects of reduced/increased illumination and low contrast sensitivity on vision and visual acuity</p> <p>6.5.2. Reasons for reduced near visual acuity (reading acuity)</p> <p><b>6.6 An understanding of the assessment of the visual field of patients with reduced vision.</b></p> <p>6.6.1. Visual field and visual pathway</p> <p>6.6.2. Effects of pathologies on visual field</p> <p>6.6.3. Instruments for measuring visual field</p>	

**6.7 An understanding of binocular vision in relation to low vision appliances.**

6.7.1. Indications for binocular low vision aids

6.7.2. Use of occlusion

**6.8 A knowledge of the relevance of optical low vision aids and of common types of non-optical low vision aid.**

6.8.1. Relevance of suitability of magnification spectacles Rx and type of optical low vision aids for different visual tasks.

6.8.2 Design, availability and suitability of non-optical aids.

6.8.3 CCTV and TV reader systems and field expanders.

**6.9 The ability to advise low vision patients on illumination, glare and contrast.**

6.9.1. Types of lamps and positioning of light

6.9.2. Discomfort and disability glare

6.9.3. Ways of improving contrast

**6.10 The ability to advise patients about their impairment and its consequences.**

6.10.1. Psychology of low vision

6.10.2. Identification of patients' visual needs

6.10.3. Signs and symptoms of ocular and systemic pathologies

6.10.4. Effects of ocular and systemic pathologies on vision, visual acuity and visual field

6.10.5. Visual acuity/criteria for sight impaired (partial sight)/severely sight impaired (blind) registration and appropriate forms

6.10.6. Assessment of magnification for distance and near vision (and other distances)

6.10.7. Selection of aids

6.10.8. Training in use of aids

6.10.9. Statutory/non-statutory benefits of registration

6.10.10. Support groups

**6.11 An understanding of the need for multi- and inter-disciplinary approaches to low vision care**

6.11.1. Role of other health care professionals in the low vision field

6.11.2. Advantages of multi-disciplinary team care for the low vision patient

**6.12 The ability to refer low vision patients to other agencies where appropriate**

6.12.1. Social services, support groups, specialist trainers and teachers and (children)

6.12.2. Specialist trainers/rehabilitation officers

**6.13 After-care management of low vision patients**

6.13.1. Frequency of visits

6.13.2. Review of progress and suitability of low vision aids, and statutory/voluntary benefits

6.13.3. Communication with referring practitioner/agency

<b>COMPETENCY TITLE:</b>	<b>7. Ocular Examination and Technique</b>
<b>STEM STATEMENT:</b>	<b>An understanding of the technologies used in the examination of the eye and adnexa.</b>
<b>CRITICAL COMPETENCE(S);</b>	<b>7.1 An understanding of the purpose and use of the instruments used in the examination of the eye and adnexa and the implications of results.</b>
<b>TO ACHIEVE THE CRITICAL COMPETENCE(S) STUDENTS NEED THE FOLLOWING: APPLIED KNOWLEDGE &amp; SKILLS:</b>	
<b>7.2</b>	<b>An understanding of the examination of the external eye and anterior segment by use of the slit lamp.</b>
7.2.1.	Principles, illumination and viewing systems; methods of use.
<b>7.3</b>	<b>An understanding of the appropriate ocular diagnostic drugs to aid ocular examination and investigation.</b>
7.3.1.	Ophthalmic drugs and regulations affecting use and storage of ophthalmic drugs in ophthalmic practice.
<b>7.4</b>	<b>An understanding of the examination of the fundus using either a direct or indirect ophthalmoscope.</b>
7.4.1.	Principles of instruments used for ophthalmoscopy.
<b>7.5</b>	<b>An understanding of the methods of assessment of colour vision.</b>
7.5.1.	Colour vision, Monochromacy, dichromacy and trichromacy. Colour deficiencies.
7.5.2.	Tests for colour deficiencies: colour naming tests, sorting and matching tests, confusion tests.
<b>7.6</b>	<b>An understanding of methods of assessment of corneal shape and integrity.</b>
7.6.1.	The Cornea
7.6.2.	Radii of curvature and refractive index.
7.6.3.	Keratometry.
7.6.4.	Corneal Topography
<b>7.7</b>	<b>An understanding of the instruments involved in visual field analysis and results.</b>
7.7.1.	Visual field instruments
7.7.2.	Visual field tests, Pathological fields
<b>7.8</b>	<b>An understanding of the use of a tonometer and of the results.</b>
7.8.1.	Principles and methods of use; applanation and non-applanation tonometer.
7.8.2.	Intra-ocular tension, normal values and variations.

<b>COMPETENCY TITLE:</b>	<b>8. Ocular Abnormalities</b>
<b>STEM STATEMENT:</b>	<b>An understanding of the relevance of ocular disease.</b>
<b>CRITICAL COMPETENCIES:</b>	<b>8.1 The ability to recognise conditions and symptoms requiring referral and/or emergency referral and the demonstration of the ability to take appropriate action.</b>
<i>TO ACHIEVE THE CRITICAL COMPETENCIES STUDENTS NEED THE FOLLOWING:</i>	
<b>APPLIED KNOWLEDGE &amp; SKILLS:</b>	
<p><b>8.2 The ability to identify common diseases of the external eye and adnexa.</b></p> <p>8.2.1. Signs and symptoms of external eye disease including eyelid, conjunctival, lacrimal, corneal disorders and associated dermatology</p> <p><b>8.3 An understanding of symptoms associated with internal eye disease.</b></p> <p>8.3.1. Signs and symptoms of abnormal internal ocular conditions</p> <p><b>8.4 An understanding of the clinical treatment of a range of significant ocular diseases/disorders and conditions.</b></p> <p>8.4.1. Macular degeneration, cataract, glaucoma, retinitis pigmentosa, retinal detachment and other common conditions</p> <p>8.4.2. Drugs</p> <p>8.4.3. Surgical procedures</p> <p>8.4.4. Diet Vitamin and mineral supplements (VMS)</p> <p><b>8.5 An understanding of the clinical treatment of a range of systemic diseases with ocular manifestations and adverse ocular reactions to medication.</b></p> <p>8.5.1. Diabetes, hypertension, sickle cell anaemia and other common conditions</p> <p>8.5.2. Drugs</p> <p>8.5.3. Vitamin and mineral supplements (VMS)</p>	

**8.6 An understanding of the implications of the manifestations of eye disease.**

8.6.1. Prognosis of eye diseases

8.6.2. Surgical intervention

**8.7 The ability to recognise and deal with ocular emergencies.**

8.7.1. The ability to recognise that the condition constitutes an ocular emergency

8.7.2. The ability to know what immediate treatment, if any, to apply.

8.7.3. The ability to take appropriate action to involve emergency services and/or ensure the transfer of the patient to a hospital A&E department.

8.7.4. The ability to record signs/symptoms and treatment and to advise the patient's GP of the action taken.

## Appendix 9

### The Pre-qualification Portfolio of Patient Experience

The Pre-qualification Portfolio is sent to students soon after they have registered with the Scheme Provider. The Portfolio's purpose is to link the taught programme, the clinical experience in placements and the pre-qualification period (PQP) experience.

The achievement of the Core Competencies during the taught programme and the pre-qualification period (PQP) should be documented in the Portfolio.

Student should maintain a record of all patients seen and detailed case histories of those which are to be submitted for the final qualifying examination.

### Pre qualification requirements

#### [a] For entry to the Scheme Providers Final Assessment –

Specific case records as detailed below are required in order to proceed to the Final Qualifying Examination [FQE] of the Scheme Provider

<b>Minimum Number of Patient Records Required for Final Qualifying Assessment</b>	
<b>Subject in which a Student is Actively Involved</b>	<b>Minimum Number Required</b>
Paediatric dispensing - to include at least one pre-school child	8
Rx from +/-5.00 to +/-9.75D	8
Rx over +/-9.75D	5
Bifocals	4
Progressive powers and trifocals	8
Occupational dispensing	5
Involvement in a patient referral for pathological reasons	2
Sports eyewear dispensing	2
A prescription for gross anisometropia	2
Prescribed tints	2
Personal eye protection	2
Contact Lens Removal - ideally by the student under supervision, otherwise observation of removal by a contact lens practitioner	1
Low Vision - to include details of assessment, the low vision aids (optical or non optical), the training given in the use of aids, and the proposed aftercare regime [ see notes below]	1

## **Guidance Notes on Low Vision record**

### **A Low Vision Patient is defined as follows:**

*A person with low vision is someone whose everyday life is restricted by an impairment of visual function that cannot be fully remedied by conventional spectacles, contact lenses or medical or surgical intervention. Patients with visual impairment may be registered as sight impaired or severely sight impaired but this is not mandatory.*

*A low vision aid may be defined as anything that helps low vision patients with their visual disability. This includes complex optical devices, for example, high power magnifiers and telescopes, as well as simpler aids such as high addition spectacles, increased illumination, low power hand or stand magnifiers, flat field magnifiers, filters, large print books and newspapers.*

*The low vision case record/s should be of a patient with low vision as defined above, whose management within the practice had involved assessment plus one or more of the following:*

- *advice on illumination, large print etc.*
- *simple low vision aids such as high addition reading spectacles or low power magnifiers*
- *more complex low vision aids*
- *where applicable details of aftercare given*

### **[b] To become registered as a Dispensing Optician it is necessary to:**

1. Pass all of the assessments throughout the scheme whatever the mode of delivery
2. Present documented evidence, signed by the PBL supervisor of **1600** cumulative hours worked under supervision over a three year period. The experience must include the following Dispensing tasks .
  - 250 Spectacle Frame Fittings . including 50 Bifocals / Progressive power lenses and 10 prescriptions over 10 dioptries
  - 250 Spectacle Frame Adjustments . including 50 Bifocals / Progressive power lenses and 10 prescriptions over 10 dioptries
  - 250 Checkings of completed spectacles . including 100 Bifocals / Progressive power lenses, 20 prescriptions over 10 dioptries and 5 with prescribed prisms

## Appendix 10

### PROFORMA TO SHOW DELIVERY OF CORE COMPETENCIES

Level = Module level SEM = semester FORM = formative assessment  
 SUM = summative assessment

GOC COMPETENCY	MODULE	Level	SEM	FORM?	SUM?
<b>1.1 The ability to communicate effectively with the patient, taking into account his/her physical, emotional, intellectual and cultural background, and to take accurate history from patients with a range of ophthalmic problems and needs.</b>					
<b>1.2 The ability to deal effectively with patient concerns and complaints.</b>					
<b>2.1 The demonstration of the ability to manage a patient's care in a safe, ethical and confidential environment.</b>					
<b>2.2 The demonstration of the ability to keep clear, accurate and contemporaneous patient records, which record all relevant findings and decisions made.</b>					
<b>3.1 An understanding of refractive prescribing and management decisions.</b>					
<b>4.1 The ability to interpret and dispense a prescription using appropriate lenses and facial and frame measurements.</b>					
<b>4.2 The ability to advise on and dispense appropriate spectacle frame types and materials and lens forms and materials.</b>					
<b>4.3 The ability to dispense optical low vision aids</b>					
<b>4.4 The ability to relate the development of a child's facial anatomy to the fitting of optical appliances.</b>					
<b>5.1 An understanding of the symptoms and signs of serious contact lens complications.</b>					
<b>6.1 An understanding of the causes of low vision and their effects on vision.</b>					
<b>6.2 The ability to assess a patient with low vision.</b>					
<b>6.3 The ability to advise on the use of and dispense appropriate low vision aids.</b>					
<b>7.1 An understanding of the purpose and use of the instruments used in the examination of the eye and adnexa, and the implications of results.</b>					
<b>8.1 The ability to recognise conditions and symptoms requiring referral and/or emergency referral and the demonstration of the ability to take appropriate action.</b>					

## **Appendix 11**

### **Staffing Tables for Training Institutions**

Suggested matrix to present the staffing information as outlined in Section 7.2 and 7.3. Information should clearly state whether a person is permanent or contractual, full time or part time, etc.

**Table 1 – Teaching staff details**

Name of staff member teaching on the programme	-FT -PT -Hourly paid -Teacher-practitioner, -Visiting lecturer -Other	Role and qualifications	Total annual teaching hours	Total annual teaching hours allocated to the programme	Indicate any impending changes
Staff member 1					
Staff member 2 Etc					

The Institution is asked to provide its formula for calculating full time equivalence.

**Table 2 –Student and Staffing specification allocated to the programme**

Total and net fte students taught by the programme	
Net SSR for the programme *	
Proportion of FTE clinically registered staff per total number of academic staff in the unit	
Proportion of total hours of staff contact time provided from the pt hourly budget	
Number of staff supporting the programme (fte):	
1. Administrative assistants	
2. Secretaries	
3. Clinic receptionists	
4. Clinical administrator	
5. Technical staff	
6. Other	

\* A description of the resource allocation model, along with how the SSR is calculated, should be provided.

## **Appendix 12**

### **Information required from the Training Institution/Scheme Provider**

#### **1. Particulars of the Institution/Scheme Provider**

- Name of Institution/Scheme Provider
- Address
- Details, which the Visitors might find helpful of the nature, size and organisation of the institution/provider.
- Number of departments (or equivalent unit)
- Total number of students (approx.)
- Name of Department (or equivalent unit) teaching ophthalmic dispensing
- Name and qualifications of the Head of the Department (or equivalent unit) teaching ophthalmic dispensing
- Number of weeks in academic year (including exams)
- Name(s) of programme(s)
- Student Handbook
- Programme Information
- Other recent external body reports (e.g. QCA)

**The Institution is asked to demonstrate how the statements in Sections 3 – 8 of Part [A] and if applicable Part [B] are satisfied. This is best achieved by the Institution writing an evaluation of the issues raised in each Section in the same sequence as presented in the Handbook. The Institution should then provide separately written evidence to support each Section or indicate where the evidence is located in existing Institution documents, which should be made available to the GOC.**

## **Appendix 13**

### **Standing Conditions**

These are conditions, which will apply in all circumstances of accreditation.

1. The Institution should inform the Council of any amendments to the approved programme which would lead to significant changes in the student experience, and any planned or real changes in the student intake numbers of more than 10% of the previous annual first year intake, or resources for their teaching, learning support and assessment.
2. The Institution and Scheme Provider should, by 31 January in each year, produce and submit to the General Optical Council annually data on student numbers and progression and degree awards and the first destination of their graduates.