Template 6: Outcomes Narrative (Outcomes for Approved Qualifications)

Version 1

This template requires the provider to set out the details of how it will meet each individual outcome.

Guidance on how to complete this template can be found in the document titled: **Templates Library for Approved Qualifications for Contact Lens Opticians.**

**Please complete the box for each criterion.**

### Uphold professional standards

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| No. | Category: Uphold professional standards | |
| **O1.1** | **Establishes relationships with other professionals based on understanding, trust and respect for each other’s roles in relation to contact lens and other care, and works collaboratively to ensure the delivery, transfer and continuity of care is assured and not compromised.** | **KNOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome is assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Uphold professional standards | |
| **O1.2** | **Undertakes a patient consultation in an appropriate setting, taking account of confidentiality and understands the issues involved in obtaining valid consent and maintaining dignity and respect in accordance with regulatory standards and contractual requirements.** | **KNOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Uphold professional standards | |
| **O1.3** | **Introduces self and role to the patient/carer and confirms patient/ carer identity.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

### 2. Person centred care

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| No. | Category: Person centred care | |
| **O2.1** | **Assesses the communication needs of the patient/carer and adapts consultation appropriately (e.g., for language, age, capacity, physical or sensory impairments).** | **KNOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Person centred care | |
| **O2.2** | **Works with the patient/carer in partnership to make informed choices, aiming for the optimal outcome for the patient which meets the professional aims of the practitioner.** | **KNOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Person centred care | |
| **O2.3** | **Identifies, recommends and fits contact lenses to achieve vision correction and/or eye health goals, including explaining where patient expectations cannot be met and/or when contact lenses cannot be fitted.** | **DOES** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Person centred care | |
| **O2.4** | **Explains to the patient the potential risks and benefits of contact lens wear and any management options/treatment, including the importance of hygiene regimes, wearing compliance and when to seek further advice.** | **DOES** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Person centred care | |
| **O2.5** | **Encourages patients to take responsibility for their ocular health and to respond to contact lens and other health conditions appropriately.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Person centred care | |
| **O2.6** | **Works within t**heir **scope of practice and recognises when to refer or seek guidance from another member of the healthcare team or a specialist.** | **KNOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

### 3. Ocular examination

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| No. | Category: Ocular examination | |
| **O3.1** | **Demonstrates knowledge of appropriate instrumentation and technology for detailed inspection of the anterior segment of the eye, related ocular adnexa and tear film. This should include methods of illumination, filters, other instrument attributes and related use of diagnostic stains.** | **KNOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Ocular examination | |
| **O3.2** | **Assesses the anterior segment, related ocular adnexa and tear film in a systematic sequence.** | **DOES** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Ocular examination | |
| **O3.3** | **Assesses the curvature and regularity of the cornea and any other dimensions required for contact lens fitting.** | **DOES** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Ocular examination | |
| **O3.4** | **Evaluates results using evidence-based knowledge to make differential diagnoses and inform an appropriate management plan including referral within scope of practice when appropriate.** | **DOES** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Ocular examination | |
| **O3.5** | **Has acquired knowledge of common systemic conditions and their ocular impacts and contact lens implications.** | **KNOWS** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Ocular examination | |
| **O3.6** | **Recognises the signs and symptoms associated with relevant ocular conditions, (including, but not exclusively, anterior eye disease, dry eye, red eye and foreign body), differentiates normal from abnormal findings, manages the conditions appropriately and refers where necessary.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Ocular examination | |
| **O3.7** | **Recognises the signs, symptoms and contact lens implications of non-systemic (ocular) pathological conditions.** | **KNOWS** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Ocular examination | |
| **O3.8** | **Manages contact lens induced complications for all types of contact lenses.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Ocular examination | |
| **O3.9** | **Uses appropriate grading scales, imaging and other available technological information and creates and maintains accurate and contemporaneous records of all patient advice and management decisions in line with relevant legislation.** | **DOES** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

### Verification and identification

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| No. | Category: Verification and identification | |
| **O4.1** | **Understands how to assess using the appropriate instruments, the dimensional measurement and other features of contact lenses to identify where possible and enable their replication.** | **KNOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Verification and identification | |
| **O4.2** | **Understands how contact lens parameters are measured to International Organisation for Standardisation (ISO) standards of tolerance.** | **KNOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Verification and identification | |
| **O4.3** | **Recognises and differentiates between the design features of contact lenses.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

### Contact lens fitting and aftercare

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| No. | Category: Contact lens fitting and aftercare | |
| **O5.1** | **Takes a comprehensive history eliciting any information relevant to the fitting, aftercare and use of contact lenses.** | **DOES** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Contact lens fitting and aftercare | |
| **O5.2** | **Interprets and investigates appropriately the presenting symptoms of the patient.** | **DOES** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Contact lens fitting and aftercare | |
| **O5.3** | **Interprets relevant patient records to ensure knowledge of the patient’s ocular and contact lens history and management to date.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Contact lens fitting and aftercare | |
| **O5.4** | **Interprets relevant patient information (i.e., spectacle prescription, history and any relevant information supplied by any other health care practitioners) and clinical findings to assess the indications and contraindications for contact lens fitting.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Contact lens fitting and aftercare | |
| **O5.5** | **Discusses contact lens options and makes appropriate recommendations allowing patients to make an informed choice; selects and fits the most appropriate contact lens and parameters for the planned use and clinical needs of the patient.** | **DOES** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Contact lens fitting and aftercare | |
| **O5.6** | **Assesses the fitting of a contact lens (soft, rigid and new modalities/ materials where applicable) using a variety of techniques; adjusts lens parameters where appropriate.** | **DOES** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Contact lens fitting and aftercare | |
| **O5.7** | **Issues unambiguous and complete contact lens specifications which meet legal requirements.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Contact lens fitting and aftercare | |
| **O5.8** | **Instructs the patient in contact lens handling (i.e., hygiene, insertion and removal, etc.) and how to wear and care for the lenses including appropriate action to take in an emergency.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Contact lens fitting and aftercare | |
| **O5.9** | **Demonstrates a routine contact lens aftercare consultation in compliance with the requirements of the Opticians Act.** | **DOES** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Contact lens fitting and aftercare | |
| **O5.10** | **Investigates, identifies and manages any contact lens adaptation or aftercare issues.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Contact lens fitting and aftercare | |
| **O5.11** | **Informs patients of the importance of continuing contact lens aftercare and regular eye examinations and provides information on arranging aftercare and relevant emergency procedures.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Contact lens fitting and aftercare | |
| **O5.12** | **Selects and fits the most appropriate complex/specialist contact lens for the planned use and clinical needs of the patient (e.g., refractive management, therapeutic, prosthetic and cosmetic contact lenses); manages the ongoing contact lens care of own patients.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Contact lens fitting and aftercare | |
| **O5.13** | **Recognises the signs and symptoms of sight threatening conditions/ocular emergencies requiring immediate treatment and manages them appropriately.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Contact lens fitting and aftercare | |
| **O5.14** | **Understands and applies relevant local protocols and professional guidance on the urgency of referrals e.g., The College of Optometrists’ clinical management guidelines.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

### Learning and development

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| No. | Category: Learning and development | |
| **O6.1** | **Understands common ocular conditions, presenting symptoms and urgency e.g., glaucoma, retinal detachment and age-related macular degeneration (AMD) in the context of contact lens practice.** | **KNOWS** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Learning and development | |
| **O6.2** | **Understands the principles and maintains knowledge of evidence relating to myopia management.** | **KNOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Learning and development | |
| **O6.3** | **Demonstrates knowledge of refractive techniques including the principles of binocular vision management in the context of contact lens practice.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Learning and development | |
| **O6.4** | **Understands the range of lenses available including soft, rigid and new materials/modalities.** | **KNOWS** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Learning and development | |
| **O6.5** | **Understands the clinical application of all contact lens types e.g., optical, therapeutic, protective, diagnostic, prosthetic and cosmetic.** | **KNOWS** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Learning and development | |
| **O6.6** | **Understands and safely applies knowledge of the drugs and staining agents used in clinical practice, including any relevant risks and side effects.** | **KNOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Learning and development | |
| **O6.7** | **Understands the various forms of ocular surface diseases (e.g., dry eye) and maintains knowledge of available management options.** | **KNOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Learning and development | |
| **O6.8** | **Implements infection prevention and control in optical practice.** | **DOES** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Learning and development | |
| **O6.9** | **Understands the methods of disinfection of contact lenses/contact lens containers including awareness of the different solutions used in contact lens practice, their constituents, the importance of maintaining sterility and common pathogens.** | **KNOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Learning and development | |
| **O6.10** | **Applies current legislation to contact lens practice and understands the relevant legislation surrounding the use of common ocular drugs.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Learning and development | |
| **O6.11** | **Evaluates advances in contact lens practice, the evidence behind management strategies and any emerging safety concerns.** | **KNOWS** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Learning and development | |
| **O6.12** | **Demonstrates a reflective approach to learning and own development of contact lens practice to ensure continued alignment with current best practice.** | **SHOWS HOW** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |

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| No. | Category: Learning and development | |
| **O6.13** | **Understands continuing education and professional requirements (e.g., continuing professional development (CPD)) within contact lens practice.** | **KNOWS** |
| **How are trainees supported to achieve this outcome?**  **Provider’s commentary** (Please type your commentary here) | | |
| **How is the outcome assessed?**  **Provider’s commentary** (Please type your commentary here) | | |