

The AOP and FODO represent optometrists, dispensing opticians and optical businesses in the UK, who provide high quality and accessible eye care services to the whole population.

GOC CONSULTATION ON AMENDMENTS TO COMPETENCIES FOR OPTOMETRISTS, DISPENSING OPTICIANS AND CONTACT LENS OPTICIANS

A. Questions:

1. Do you agree with the definitions of 'the ability to' and 'understands' (see paragraph 11)?

Yes, However the terminology throughout the document needs to be standardised: "Understands, uses, ability to use, demonstrates, identifies, explains, recognises, chooses, evaluates" all describe different levels of requirement which needs to be addressed.

2. Do you agree that the competencies as set within the new framework add clarity to what is required to obtain a qualification as:

- (i) an optometrist;
- (ii) a dispensing optician; and
- (iii) a dispensing optician with contact lens practice specialty (contact lens optician)?

Yes

3. Do you agree that the competencies as set within the new framework aid comparison of competency achievements for those qualifying as optometrists or dispensing opticians or contact lens opticians, and thus provide a framework within which competency requirements for career movement and progression between the professions can be benchmarked?

Yes, however the draft documents need significant work to get them to fulfil this requirement, be consistent and coherent.

.

4. Do you agree that the competencies as set within the new framework will be a useable tool for the various uses to which they play a role in the exercise of GOC's functions, including their use for the assessment of overseas applicants, the approval of CET events and, for the future, revalidation?

Yes & No: We have significant concerns about how they would be used in, for example, FTP and PCT/ Health Board cases without further clarification; indeed depending on that clarification we may consider opposing these amendments. Whilst the set of competencies is a contemporary standard to which all optometrists and dispensing opticians currently in training are exposed, the skills and abilities of an average practising optometrist range across a broader spectrum. The College and academia may produce a list of competencies for training, qualification and advancement, but these

competencies should reflect the requirements of practicing optometrists. The Bolam Test states the reasonable standard of care that

we are measured against: the standard being quoted as the ordinary care and skill that the ordinarily competent person would exercise in the same or similar situation.

We, in particular, oppose changes to some of the wording in the competencies, for example, in Units 5.1.7, 5.1.8, 5.1.9, 5.1.10, 5.1.11, 5.1.12, the replacement of the phrase “ability to use” with the more restrictive “uses” as more particularly described in our comments under C Specific Examples on page 3 of this response.

We wait for reassurance on these matters. We strongly suggest discussions are held with the representative bodies as key stakeholders, as has helpfully happened in other recent consultations. Further, where competencies seem to be raised we also expect further discussion with the professional and representative bodies in respect of the timescales within which these revised competencies might become operational for optometrists, dispensing opticians and contact lens opticians.

B. Specific Comments on Competency Annexes:

Point 5 in the Competencies Consultation document states:

“In June 2007, the GOC consulted on proposals to unify the framework within which its competencies are stated. This was to ensure a common structure and terminology between core competencies for qualification as an optometrist, dispensing optician.”

In the current proposals where the competencies are common to both professions, the elements, performance criteria, and indicators do not have the unified framework and terminology which was stated as one of the aims. Where possible they should use the same language and terms, with additional elements or performance criteria being added to cover specific Dispenser or Optometrist requirements. All the indicators for the core competencies need to meet the stated aim of being measurable and observable in assessing performance.

The College format which uses the indicators to give Examples of Acceptable Evidence gives clearer format and indication of what is required and how to meet the competencies.

Comparison could be made even clearer for the Profession, the Public and the Regulators by making sure that the units for Optoms and the units for DO correspond by:

- 1. Systematic collation of units e.g. DO 1.1.3 is identical to Optom 1.2.2; also DO 2.1.2 is identical to Optom 2.1.3*
- 2. Consistent use of ‘the ability to’ and ‘understands’ rather than ‘manages’ or ‘demonstrates’.*
- 3. Cross-referencing wording so identical units have identical phrasing.*
- 4. Using bullet points for clarity across both sets of competency indicators.*
- 5. Mapping and matching common Units where it is appropriate that they should be identical across both competency sets: communication would be virtually identical, as would professional conduct, dispensing and optical appliances.*

6. It would seem to be logical that the competencies, where possible, should be listed in the same order perhaps as illustrated below.

Unit	Dispensing Optician	Optometrist
1	Communication	Communication
2	Professional Conduct	Professional Conduct
3	Refractive Management	Assessment of Visual Function
4	Optical Appliances & Dispensing	Optical Appliances & Dispensing
5	Ocular Examination and Technique	Methods of Ocular examination
6	Ocular Abnormalities	Ocular Disease
7	Contact Lenses	Contact Lenses
8	Low Vision (alternatively incorporate in Unit 4)	Low Vision (alternatively incorporate in Unit 4)
9		Assessment & Management of binocular Vision

C. Specific Examples

Below are a few examples (this is not to be considered an exhaustive or comprehensive list but is representative of common factors running through the competencies):

Unit 1: Communications

Both Dispensing Opticians and Optometrists should take account of the patient’s physical, emotional, intellectual and cultural background.

Unit 2 (Optom) Professional Conduct/Unit 2.1.2 (DO)

Element 2.1 says “The ability to manage patients in a safe, ethical and confidential fashion”, but none of the Performance Criteria and only one Indicator bullet point relate to confidentiality.

Unit 2.1.6 (Optom) Professional Conduct

This uses the words "Shared Care". This is an obsolete term which does not accurately describe the vast majority of schemes (i.e. as rule the care is not "Shared"). Leaving this as it is strictly only applies to a tiny minority of schemes (e.g. sharing in the management of stable Glaucoma) and specifically excludes the majority of schemes (e.g. cataract referral, DR Screening etc where there is no sharing at all). It would be strongly advisable for this be changed to use the term "*Extended and Enhanced Services*" in place of "Shared Care". This would also be consistent with the current Health Act provisions. Those working closely with PCTs are in agreement that ‘shared services’ is an outdated term. The term PCTs often use is ‘enhanced services’.

Unit 2.1.6 (DO) 2.2.1 – 3rd Indicator

This is related to GOS specifically. It would be better if it was generic and related to all fees, charges etc. including private ones.

Unit 2.1.5 (Optom) Complies with the legal, professional and ethical obligations of a registered optometrist

The Performance Criteria is general which is fine. However perhaps it should say:
 “Demonstrates an understanding of the general principles needed for practising optometry *including*.”

Unit 3.1.5 (DO) Refractive Management

Is use of a Hess screen relevant to contemporary competency standards? Is it a relevant example to list here?

Unit 4.3 (DO)

This element refers to dispensing optical low vision aids which is too restricting and doesn't match the Performance Criteria and Indicator. It should be changed to remove optical.

Unit 5 (Optom) Methods of Ocular Examination

For Optometrists this is entitled 'Methods of ocular examination', the comparison for a DO would be unit 7 titled 'Ocular examination and technique'.

Units 5.1.7, 5.1.8, 5.1.9, 5.1.10, 5.1.11, 5.1.12

Have all been changed from "ability to use" to "uses", suggesting common practice across the profession, rather than knowing how to do it if required. **This is the most significant change in the "Performance criteria" section and relates to: direct and indirect ophthalmoscopy, visual fields, contact tonometry and slit-lamp.** This is similar to the list of competencies for Scotland, who are paid additionally and under a different contract to "use" the same.

For the above reasons we object in particular to the change of wording from “ability to use” to “uses”.

Unit 5.1.8 (Optom)

Contemporary entry standards include training on the use of dilated Volk to assess cataract
 On a clinical basis, it is debatable how many 'average' optoms over 40 do Volk lens regularly?
 Scotland's competency check for the new contract revealed huge variations in the ability to perform this. Also by specifying a specific technique and indeed manufacturer (!) this eliminates other equally valid methods such as digital fundus imaging, head-mounted indirect ophthalmoscopy etc. A suitable substitution would be: "carries out an examination, using dilation and/or indirect ophthalmoscopy where necessary". This would then cover any lens opacity, including minor ones may not need dilating and may not need indirect.

Unit 6 (DO): Low Vision

Clarify Low Vision so that it is standalone unit, or combine it with Dispensing Optical Appliances but either way be consistent across both Optom and DO competencies.

Unit 6.1.4 (Optom)

The 2 bullet points should be seen to be different from those required for additional supply or SP or IP.

Unit 7 (Optom)/ Unit 5 (DO) Contact lenses

This is Unit 5 for DO and Unit 7 for Optoms

DO with a CL Speciality

Care should be taken to map the phrasing and wording here too so that it matches elements of the Optom Unit 7 on contact lenses.

Unit 8 (Optom) Binocular Vision

This Unit is not at all clear on the management of amblyopia by the optometrist, in the community, in appropriate cases.



Bob Hughes
Chief Executive
Association of
Optometrists

bobhughes@aop.org.uk
t: 020 7207 2192



David Hewlett
Chief Executive
Federation of Ophthalmic
and Dispensing Opticians

david@fodo.com
t: 020 7298 5151